

Iowa Department of Human Services



Iowa Medicaid Drug Utilization Review Commission Annual Report of Activities SFY13

September 30, 2013



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 24, 2013

Michael Marshall
Secretary of Senate
State Capitol Building
LOCAL

Charlie Smithson
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Mr. Marshall and Mr. Smithson:

Enclosed please find copies of reports to the General Assembly relative to the Iowa Medicaid Annual Drug Utilization Review (DUR) Report.

This report was prepared pursuant to the directive contained in Iowa Code 249A.24, subpart 3.

The DUR Commission realized an overall direct cost savings of \$4.63 for every dollar spent on the program administratively. State money for this program is matched by the federal government at a 1 to 1 ratio (federal to state), so savings can also be stated as \$9.27 per state dollar spent. Total annualized cost savings estimates for SFY13 (\$1,250,825.21) were higher than SFY12 (\$811,445.92) by approximately 54 percent (an increase of \$439,379.29).

Savings from patient-focused reviews for SFY13 (\$342,928.20) were higher than SFY12 (\$311,724.80) by 10 percent (an increase of \$31,203.40). This increase in savings was mainly due to members making a therapy change by switching to a less costly drug based on the suggestions made by the DUR Commission.

Savings from problem-focused reviews for SFY13 (\$907,897.01) were higher than SFY12 (\$499,721.12) by 82 percent (an increase of \$408,175.89). This increase in savings is the result of three interventions related to mental health drug(s) where medication(s) was discontinued. The interventions included quetiapine use and Torsades de Pointes, duplicate antipsychotics in children and stimulant use in adults.

Please feel free to contact me if you need additional information.

Sincerely,

Jennifer Davis Harbison
Policy Advisor

JDH/slp/ps

Enclosure

cc: Terry E. Branstad, Governor
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Service Agency
Kris Bell, Senate Majority Caucus
Josh Bronsink, Senate Minority Caucus
Brad Trow, House Majority Caucus
Zeke Furlong, House Minority Caucus

TABLE OF CONTENTS

Background Information	Page 1
Overall Results	Page 4
Results by Review Type	Page 6

Appendix A	Commission Members
Appendix B	Evaluation Procedure
Appendix C	Overall Program Results
Appendix D	Results of Patient-Focused Reviews
Appendix E	Results of Problem-Focused Reviews
Appendix F	Descriptions of Problem-Focused Reviews
Appendix G	Prior Authorization Recommendations
Appendix H	Prospective Drug Utilization Review Recommendations
Appendix I	Newsletters
Appendix J	Web Site
Appendix K	Bimonthly Prevalence Reports
Appendix L	Meeting Minutes
Appendix M	Mental Health Advisory Group
Appendix N	Recommendations to the P & T

The Iowa Medicaid Drug Utilization Review Commission

Goold Health Systems, an Emdeon company, has developed the following report for the Iowa Department of Human Services. This report provides a summary description of the activities of the Iowa Medicaid Drug Utilization Review Commission, along with an evaluation of the Iowa Medicaid retrospective drug utilization review program. Information contained in this report covers projects completed and evaluated during the time period of July 2012 through June 2013.

Background Information

Established in 1984, the DUR Commission is charged with promoting the appropriate and cost-effective use of medications within the Iowa Medicaid member population. Acting as a professional advisory group, the Commission analyzes medication utilization by the members of Iowa Medicaid and performs educational initiatives to optimize member outcomes. The Commission performs retroDUR and educational outreach through patient-focused reviews and problem-focused reviews. The Commission supports the proDUR program through criteria review and acts as a resource to the DHS on other issues concerning appropriate medication use.

Patient-Focused Reviews

Patient-focused reviews are completed with the review of 300 member profiles at each meeting (six times annually). The DUR subcontractor generates these profiles through a complex screening process. The first step of the screening process subjects member profiles to a therapeutic criteria screen. If a profile is found to have failed one or more therapeutic criteria, the member profiles are then assigned a level of risk based on their medication history and potential for adverse events regarding medication. The profiles with the highest level of risk are then selected for the Commission to review. Six months of prescription claims data and medical claims data, if available, are assessed to determine this risk factor.

The member profiles selected from this process are manually reviewed by the Commission to minimize false positives generated by the computer selection process. The Commission identifies situations where educational intervention might be appropriate. Through these interventions, suggestions regarding medication therapy are communicated to the care providers. Templates are developed for suggestions that are frequently communicated to providers. The reviewer may also author an individualized suggestion if a template suggestion is not applicable. These template suggestions are located in the tab labeled Therapeutic Recommendations.

Educational interventions are generally done by letters to prescribers and pharmacists, but may also be done by telephone or in person. The suggestions made by the Commission are educational and informative in nature. Suggestions may be classified as either therapeutic or cost saving in nature. In addition, these suggestions are classified by problem identified for reporting purposes. The classifications are as follows:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration
- Unnecessary Drug Use

- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy
- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Suggestions are intended to promote appropriate and cost-effective use of medications. When suggestions result in cost savings, these savings are calculated based on decreased cost of medications. However, several of these classes of interventions are intended to increase the use of medications. Examples are member underuse and missing drug therapy. In these cases, the addition of medication therapy will increase medication expenditures, but will be beneficial to the member and should result in cost savings in medical services and/or improved quality of life. Cost savings in these situations cannot be calculated due to data limitations. Therefore, these suggestions are considered to have a positive impact on the program with no medication cost savings. Cost savings on medical services are assumed however not calculated.

Providers are invited to respond to the Commissions' suggestions and to request additional information from the Commission. Responses are voluntary and response rates are calculated for prescribers and pharmacists.

Once a member's profile is reviewed, it is excluded from the selection process for nine months to eliminate repeat selections. After this waiting period, the current profile for each member is generated and reviewed to determine if the Commission's suggestion was implemented. If so, fiscal considerations resulting from that change are also calculated. The policy regarding these calculations is included in Appendix B.

Problem-Focused Reviews

Problem-focused reviews narrow the emphasis of review to a specific issue that has been determined to be an area where a targeted educational effort to providers may be valuable. Topics for review are selected from findings of patient-focused reviews or from reviews of medical literature. Criteria are developed to identify the members who may benefit from intervention and educational materials are disseminated to their providers. Providers are encouraged to voluntarily respond. The member profile is generated again in an appropriate amount of time (typically 6 to 9 months) to determine the impact rate of the intervention, along with any fiscal considerations. The policy regarding these calculations is also included in Appendix B.

Administrative Review

The Commission will review utilization data and medical literature to make recommendations to the Department of Human Services (DHS) regarding policy issues. These recommendations are made to promote the appropriate use of medications and positive member outcomes. Recommendations are made at the request of the DHS or at the Commission's discretion. All authority to accept or reject DUR Commission recommendations lies with the DHS. The Commission may make recommendations but does not make policy. Primary areas for recommendations include proDUR, drug prior authorization (PA), coverage of medications, and administrative and billing procedures. The prospective drug utilization review (proDUR) system is currently administered by Goold Health Systems (GHS), an Emdeon company, and was implemented statewide in July 1997. The Commission reviews the criteria utilized by GHS and provides input regarding therapeutic validity. Special attention is given to eliminating false positive messaging.

The Commission recommends new or updated guidelines for use in the drug prior authorization program. This process is based on reviews of medical literature in addition to comparisons with other public and private sector programs. Input from providers outside the Commission, particularly specialists, is often sought when developing these guidelines. Once developed, the guidelines are sent to the medical and pharmacy associations in the state for comments. After considering these comments, a final recommendation is made to the Department. The Department may or may not accept the recommendation or may alter the recommendation. These guidelines are then subject to the administrative rules process prior to any policy implementation.

The Commission also makes recommendations regarding coverage of medication or devices. As most coverage requirements are defined by OBRA '90, these recommendations generally encourage coverage of optional services. An example would be the coverage of select over-the-counter medications. If the Department accepts the Commission's recommendation, the proposed coverage change is subject to the administrative rules process prior to implementation.

The Commission reviews pharmacy claims with respect to administrative procedures. Situations where funding for medication can be obtained from other sources are relayed to the Department for their action. For instance, Medicare will pay for immunosuppressive medications for transplant patients and nebulizer solution for dual eligible patients. The Commission also identifies situations where the Department may recover funds from inappropriate billing.

Overall Results

Activities of the DUR Commission were evaluated for SFY13 for interventions performed in the previous or the current fiscal year. The direct cost savings from all activities of the DUR Commission are calculated to be \$1,250,825.21* which equates to \$4.63* for every \$1.00 of combined federal and state dollars spent administratively. This calculation is based on estimates regarding two types of reviews: patient-focused reviews and problem-focused reviews. These results are also found in Appendix C.

Cost Savings Estimate	\$1,250,825.21*
Cost of the Program (state and federal dollars)	\$270,000.00
Net cost Savings Estimate	\$980,825.21*
Savings per Total Dollar Spent (state and federal)	\$4.63*
Savings per State Dollar Spent	\$9.27*

Patient-focused reviews resulted in \$342,928.20* in direct cost savings, or \$254.02* per patient evaluated. This estimate is based on the 1,443 suggestions made by the DUR Commission identified from the review of the medication therapy of 1,350 patient profiles selected for intervention. Of these 1,443 suggestions, 115 suggestions were implemented by the providers, resulting in a 7.97 percent impact rate.

Patient-Focused Profile Review	
Suggestions Made	1,443
Therapy Changed	115
IMPACT RATE	7.97%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated	\$254.02*
Dollars Saved on Medication	\$342,928.20*

Problem-focused reviews resulted in an estimated cost savings of \$907,987.01* or \$352.03 saved per patient evaluated. This estimate is based on the review of profiles with 2,579 patients selected for interventions. Therapy was changed for 968 patients, resulting in an impact rate of 37.5 percent.

Problem-Focused Profile Review

Patients Evaluated	2,579
Therapy Changed	968
IMPACT RATE	37.5%
Cost Savings Estimates:	
Dollars Saved on Patient Reviews	\$907,897.10*
Dollars Saved per Patient Evaluated	\$352.03*
Total Dollars Saved on Medication	\$907,897.10*

Comparison to Previous Reports

Cost savings estimates for SFY13 (\$1,250,825.21*) are higher than last year. This increase is due in part to the type of problem-focused profile reviews the DUR members selected for intervention. Three of the interventions involved mental health drugs which are typically more costly to the program compared to other drug categories. As a result, these interventions generated a higher amount of savings.

The savings from SFY13 patient-focused reviews (\$342,928.20*) were higher than SFY12 (\$311,724.80*). The number of suggestions made (1,443) vs. (3,159) decreased while the number of suggestions that were accepted (115) vs. (373) also decreased from SFY12. This decrease in both the number of suggestions made and the number of suggestions accepted is due in part to the methodology utilized to calculate the total number of suggestions. When the DUR members identify a situation where an educational intervention is needed, prescribers and pharmacies receive the same suggestion. SFY12 looked at the total number of suggestions made (counting each suggestion to a prescriber and pharmacy individually although they were technically the same intervention) whereas the calculation for SFY13 identifies each intervention as one suggestion (regardless of the number of prescribers and pharmacies involved in that particular intervention). This change in calculation will provide a more accurate way to determine the impact of the DUR patient-focused reviews going forward.

The savings from problem-focused reviews for SFY13 (\$907,897.01*) were higher than SFY12 (\$499,721.12*). This again was due to the fact that in SFY13, three problem-focused reviews involved mental health drugs which typically carry a higher total cost to the program.

Results by Review Type

Patient-Focused Review

During this evaluation period, 3,177 educational intervention letters were mailed to prescribers and pharmacies regarding medication therapy. Of this total, 1,708 letters (53.76 percent) were mailed to prescribers, and 1,469 (46.24 percent) letters were mailed to pharmacies. Providers are invited to voluntarily respond to DUR Commission letters. Providers returned 1,145 responses to these letters, resulting in an overall response rate by the providers of 36.04 percent. Of this total, 609 (53.19 percent) responses were from prescribers and 536 (46.81 percent) were from pharmacies. The response rate differed slightly between physicians and pharmacies; 35.7 percent for physicians and 36.5 percent for pharmacies.

In these 3,177 educational letters, the DUR Commission made 1,443 suggestions. Of these suggestions, 1,420 (98.41 percent) were therapeutic in nature while 23 (1.59 percent) were cost-saving in nature. The suggested change was implemented in 115 cases, resulting in an overall impact rate of 7.97 percent.

Of the 1,443 suggestions, four types of suggestions accounted for over 94 percent of the total. Those four suggestions were Drug-Drug Interaction (8.94 percent), Not Optimal Drug (11.99 percent), Therapeutic Duplication (70.20 percent), and Not Optimal Duration (3.67 percent). No other single category accounted for more than 2 percent of the total suggestions. Of the 115 changes, the most common reasons for the Commission's inquiry were Drug-Drug Interaction (13.04 percent), Therapeutic Duplication (60.87 percent), Not Optimal Dose (3.48 percent), and Not Optimal Drug (17.39 percent). No other single category accounted for more than 2 percent of the changes. Detailed information is found in Appendix D.

The suggestions that resulted in change the highest percentage of the time were Patient Overuse (20.00 percent), Potential Generic Use (18.18 percent), Not Optimal Dose (18.18 percent), and Not Optimal Dosage Form (14.29 percent).

Implementation of therapeutic suggestions resulted in direct drug cost savings of \$333,119.24*. Implementation of the cost-saving suggestions resulted in direct drug cost savings of \$9,808.96*. The total amount saved on medication utilization was calculated to be \$342,928.20* for the 1,350 patients evaluated, or \$254.02* per patient. The complete details of the results of patient-focused studies reported monthly are also outlined in Appendix D.

Included in Appendix D are Intervention Case Summary examples presented to the Commission during the year. These summaries detail the process of specific patient-focused reviews including problem identification, intervention, provider

*Savings reported are pre-rebate, total dollars

response and outcome. The examples provide an easily understood method to demonstrate the value of retrospective patient-focused DUR.

Problem-Focused Reviews

Eleven problem-focused reviews were evaluated during SFY13. In conducting these studies, 2,579 patient profiles were reviewed and selected for intervention. Of these patients, 968 cases showed evidence of a positive outcome, resulting in an impact rate of 37.5 percent. These changes in therapy resulted in annualized cost savings of \$907,897.01* or \$352.03* per patient evaluated. Results of all focus studies are detailed in Appendix E. The purpose for each problem-focused review and a complete description of results are available in Appendix F.

Administrative Review

Prior Authorization

The DUR Commission annually reviews the prior authorization program for clinical appropriateness. Changes are recommended to the Department. During the SFY13, the DUR Commission reviewed all therapeutic categories requiring prior authorization as well as therapeutic criteria to support operations of the Preferred Drug List. Recommendations for modifications to existing criteria were made for the following categories: Biologicals for Arthritis, ADD/ADHD/Narcolepsy, Omalizumab (*Xolair*), Selected Brand Name Drugs, Oral Multiple Sclerosis Agents, and Sodium Oxybate (*Xyrem*). The following is a list for which new categories of clinical prior authorization criteria were developed: Vemurafenib (*Zelboraf*), Buprenorphine/Naloxone (*Suboxone*), Mifepristone (*Korlym*), Repository Corticotropin Injection (*H.P. Acthar Gel*), Janus Kinase (JAK) Inhibitors, and Dabigatran (*Pradaxa*). No recommendations were made to remove criteria during this time period. These recommendations can be found in Appendix G.

Prospective Drug Review

The DUR Commission reviews and recommends prospective drug utilization review criteria to be utilized by the Department. The following prospective DUR edits were recommended to the Department by the Commission in SFY13:

- Quantity limit on vemurafenib (*Zelboraf*) of 240 tablets per 30 days.
- Quantity limit on mifepristone (*Korlym*) of 120 tablets per 30 days.
- Quantity limit on dabigatran (*Pradaxa*) of 60 capsules per 30 days.
- Increasing the refill tolerance to 90% for all covered medications.

Information regarding the DUR Commission recommendations for prospective DUR can be found in Appendix H.

*Savings reported are pre-rebate, total dollars

Other Activities

Three newsletters were written and posted to the website by the DUR Commission for the Medicaid provider community during this fiscal year. A copy of these newsletters is provided in Appendix I. Topics include:

- Stimulant Use in Children Less than Four Years Old
- Appropriate Use of Second Generation Antipsychotics
- Use of Benzodiazepines and Opioids with Sleep Apnea
- Duplicate Antidepressants

The DUR Commission maintains a web site to improve communication with a variety of stakeholders. The web site is found at www.iadur.org. The site contains information regarding upcoming meeting dates, locations, agendas, minutes from the previous meeting, as well as past issues of the provider newsletter, the *DUR DIGEST*. In addition the web site provides meeting agendas and minutes for the Drug Utilization Review Mental Health Advisory Group. A copy of this web site is found in Appendix J.

Jason Wilbur M.D. was selected to serve a four-year term and attended his first meeting in August 2012.

Kellen Ludvigson, Pharm.D. was selected to serve a four-year term and attended his first meeting in August 2012.

Bimonthly prevalence reports were developed to allow the DUR Commission to analyze changes in medication use across the entire Medicaid patient population. Copies are found in Appendix K.

Complete meeting minutes for all DUR Commission meetings are available in Appendix L.

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG) was established in SFY 2008. Descriptions of the program, as well as meeting minutes are found in Appendix M.

Periodically the DUR Commission will make recommendations to the Iowa Medicaid Pharmacy & Therapeutics Committee regarding the status of a medication on the Preferred Drug List (PDL). A copy of SFY13 recommendations can be found in Appendix N.

Appendix A

Commission Members

**Iowa Medicaid Drug Utilization Review
Commission Members
2012-2013**

Larry Ambroson, R.Ph.

Larry Ambroson currently owns and operates The Medicine Shoppe Pharmacy in Newton, Iowa. Before returning to Iowa, Larry worked as a staff pharmacist for Columbia Regional Hospital in Columbia, Missouri. In addition to running his business, Larry also sits on a review board with Capstone Health in Newton. Larry was reappointed for a second term in 2013 which will expire in June 2017.

Gregory Barclay, M.D.

Dr. Barclay is the President and Medical Director of Barclay and Associates, P.C. in Ames, Iowa. Dr. Barclay received his medical degree from the University of Kentucky College of Medicine and completed his residency training in psychiatric medicine at the Naval Regional Medical Center in San Diego, California. He is certified by the American Board of Psychiatry & Neurology, is a Fellow in the American Psychiatric Association, is a Governing Board member of the American Society of Adolescent Psychiatry, and is a member of the Legislative Affairs Committee of the Iowa Psychiatric Society. Dr. Barclay was appointed to the Commission in 2011; his first term will expire in June 2015.

Brett Faine, Pharm.D.

Dr. Faine is a Clinical Pharmacy Specialist in Emergency Medicine at the University of Iowa Hospital. He serves as a preceptor to residents and Pharm.D. students in the Emergency Treatment Center. Dr. Faine received his Pharm.D. degree from University of Iowa and completed an ASHP-accredited PGY1 Pharmacy Residency at the University of Iowa Hospitals and Clinics. Dr. Faine was appointed to the DUR Commission in 2010; his first term will expire in June 2014.

Mark Graber, M.D., FACEP

Dr. Graber is a Professor of Emergency Medicine and Family Medicine at the University of Iowa Carver College of Medicine. Dr. Graber graduated from Eastern Virginia Medical School and completed his Family Practice Residency at the University of Iowa. In addition to his clinical duties, Dr. Graber serves as an advisor to medical students and residents, and has published numerous text books, reviews, and papers in publications such as *The Annals of Pharmacotherapy*, *Emergency Medicine*, and *American Family Physician*. Dr. Graber also serves as an associate Clinical Editor of the Prescribers Letter. Through his travels, Dr. Graber has presented throughout the United States as well as Ukraine, Russia, and China. In 2007, Dr. Graber was honored by appearing on the "Best Doctors In America" list. Dr. Graber was reappointed for a second term in 2012 which will expire in June 2016.

Kellen Ludvigson, Pharm.D.

Dr. Ludvigson graduated with distinction from the University of Iowa College of Pharmacy in 2007, and he is kept busy working full-time at three different independent pharmacies: both the Holstein and Cherokee branches of Main Street Pharmacy, and also the Cherokee Mental Health Institute in Cherokee. Additionally, he is employed as a relief pharmacist at the Sioux City Target. This diversity in employment allows him to encounter a variety of prescribers and patients in the Medicaid program, and has resulted in a great deal of experience with the Iowa Medicaid PDL. Dr. Ludvigson was appointed to the DUR Commission in 2012; his first term will expire in June 2016.

Susan Parker, Pharm.D.

Dr. Parker is the Pharmacy Director for the Department of Human Services at the Iowa Medicaid Enterprise and serves as liaison to the Commission. She graduated with a Doctor of Pharmacy degree from Mercer Southern School of Pharmacy in Atlanta, Georgia. She is also a graduate of Gannon University in Erie, Pennsylvania with a Bachelor of Science degree Physician Assistant. Dr. Parker brings to the Commission a variety of experience in health care as an Iowa Medicaid drug prior authorization pharmacist, community pharmacist, and physician assistant. She is a member of the American Medicaid Pharmacy Administrators Association and the Western Medicaid Pharmacy Administrators Association.

Laurie Pestel, Pharm,D

Dr. Pestel is the pharmacy manager at Hy-Vee in Red Oak, Iowa. She graduated with her Doctor of Pharmacy degree from Creighton University in 2000. She served on the Board of Professional Affairs as a member of the Iowa Pharmacy Association in 2006. Laurie has experience with both long-term care and retail pharmacy. Dr. Pestel was reappointed for a second term in 2011 which will expire in June 2015.

Jason Wilbur, M.D.

Dr. Wilbur graduated from the Saint Louis University School of Medicine in 1999. He then completed his Family Medicine Residency at the University of Iowa, where he was Chief Resident 2001-2002, followed by a Geriatric Medicine Fellowship 2002-2003. He is currently Associate Professor of Clinical Family Medicine for the Roy J. & Lucille A. Carver College of Medicine at the University of Iowa. Prior to that, he was Medical Director of the Family Medicine Clinic in Iowa City from 2006 to 2011. The University of Iowa Hospitals and Clinics awarded him the Above and Beyond Reward in 2006 and again in 2007, along with the Teacher of the Year Award, presented by the University of Iowa Family Medicine residents, in 2008. Dr. Wilbur was appointed to the DUR Commission in 2012; his first term will expire in June 2016.

Appendix B

Evaluation Procedure

EVALUATION OF THE IMPACT OF PROSPECTIVE AND RETROSPECTIVE DRUG UTILIZATION REVIEW INTERVENTIONS

The goal of Drug Utilization Review (DUR) is to evaluate cost savings and provide quality assurance of medication use. The DUR Commission works in conjunction with the pharmacy medical program at the Iowa Medicaid Enterprise to contribute to the overall success of the program. The Drug Utilization program:

- Evaluates three areas of activity including Patient-focused Drug Utilization Reviews, Problem-focused Drug Utilization Reviews, and Administrative Activities.
- Examines only direct drug costs. DUR evaluation does not have the ability to quantify its impact on other health services such as hospitalizations, ER visits, and physician visits.
- Reports pre-rebate savings since access to supplemental rebates is not within the scope of the DUR program.
- Often provides recommendations that are qualitative, such as improved health outcomes, rather than quantitative in nature.

As a general principle, evaluations are based upon an observed change in the targeted prescribing or dispensing pattern, as well as changes seen in therapy of the individual patients. One evaluation approach is to observe and quantify changes in prescribing due to a given intervention compared to a control group of providers who do not receive the intervention. The intervention's impact on prescribing may be more readily detectable by this method and could be measured by comparing the two groups of patients or prescribers. However, It is very difficult to design a scientifically sound control group given the many variables surrounding patient care. Therefore, in most instances the DUR Commission has chosen to forego use of a control group to achieve the greatest impact. Although the evaluation of the intervention may be less scientific, intervention on behalf of all the patients is more desirable. In this instance, prescribing trends may not be available for comparison, but savings and benefit can still be quantified at the individual patient level.

Patient-focused DUR

Patient-focused DUR concentrates efforts on specific suggestions made about an individual patient. Each suggestion, or template, attempts to make a change in therapy. These changes are either therapeutic or cost-saving in nature; however, these situations are not necessarily mutually exclusive. A therapeutic change -- one that improves the patient's therapy in some way -- may also produce cost savings. Cost-saving changes are attempted when a patient is not receiving a medication in the most economical form. The intervention does not change the medication but points out that the same medication could be given in a more cost-effective manner. Each template and intervention is evaluated to determine if the proposed change was implemented and, if so, what economic implications can be calculated.

The calculation relating to therapeutic and cost saving interventions is tabulated by comparing a member's initial profile with the member's re-review profile. Each member profile is a six-month snapshot of medications covered by the Medicaid program. Pertinent information such as patient name and ID, date of service, drug name, strength, and quantity, RX number, day supply, prescriber and pharmacy ID, total price submitted, and amount paid appear on each profile. There are nine months in between the initial and re-review profiles to accommodate for provider review, response, and implementation for therapeutic and or cost changes. For each intervention, the total amount paid on the initial profile for any one intervention is noted. According to the intervention at hand, the re-review profile is evaluated for change. The amount paid on the re-review profile for the same intervention is also noted. A comparison between the profiles is calculated by subtracting the total amount paid from the initial profile with the total amount paid from the re-review profile. This calculation is then annualized multiplying the number by 2 to get the pre-rebate annualized savings. Consider this *cost saving* example:

Template sent to the provider:

According to the profile, this patient is receiving Lexapro 10mg tablets. Substantial cost savings can be realized by using one-half of a Lexapro 20mg tablet which is scored and easily broken. Would this patient be a good candidate for this cost-saving measure?

Information on initial profile sent to provider:

Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Lexapro 10 mg #30= \$83.04
Total Amount Paid \$498.24

Information on re-review profile used internally for evaluation:

Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Lexapro 20 mg #15 = \$45.92
Total Amount Paid \$275.52

Calculation of annualized savings

\$498.24 - \$275.52 = \$222.72 (savings for 6 months)

\$222.72 x 2 = \$445.44 (savings for 12 months)

Reported total pre-rebate annualized savings is \$445.44

All savings for patient-focused review are based on annualized savings for one year only. Reporting on patient-focused interventions will provide the following information:

- Total number of templates mentioned
- Number of templates that were therapeutic in nature
- Number of templates that were cost-saving in nature
- Total number of changes implemented
- Number of changes that were therapeutic in nature
- Number of changes with positive impact without savings
- Number of changes that were cost-saving in nature
- Total dollars saved from therapeutic changes
- Total dollars saved from cost-saving changes
- Total dollars saved
- Impact of interventions expressed as a percentage

All templates are described by one of sixteen classifications. These classifications indicate the general type of intervention addressed by the template. Reports will also include a breakdown by classification (therapeutic or cost-saving) of the templates used in the patient-focused letters. This data will show which templates are cited most often, result in change most often, and result in higher cost savings.

Templates that are therapeutic in nature include:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration of Use
- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy

Templates that are cost saving in nature include:

- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Problem-focused DUR

Problem-focused DUR concentrates efforts on a specific problem or trend in prescribing. While patient-focused reviews may address a multitude of situations, a problem-focused review addresses only one concern. The DUR Commission uses guidelines, literature and peer-group prescribing to identify particular clinical situations that need addressed. This process ensures that each intervention is unique due to the subject matter and may differ in steps of evaluation.

Reporting for problem-focused interventions will include the types of intervention done and the resulting savings. Savings are always calculated based on one year of therapy only and are calculated in the same manner as explained in the patient-focused DUR section.

Administrative Review

The Drug Utilization Review (DUR) program is a component of the Pharmacy Medical Division of the Iowa Medicaid Enterprise (IME). DUR contributes expertise and information that leads to implementation in other programmatic areas including, but not limited to: Prospective Drug Utilization Review, Prior Authorization, Preferred Drug List, Disease Management, and Supplemental Rebates. Although the DUR program impacts all of the different pharmacy programs it is difficult to determine where its impact begins and ends. Therefore, the savings associated with DUR contribution in other pharmacy areas cannot be determined. IME pharmacy programs are listed below along with a DUR impact statement and example:

- Prospective DUR

Definition: A process in which a request for a drug product for a particular patient is screened for potential drug therapy problems before the product is dispensed.

Impact: The DUR Commission reviews scientific literature regarding specific medications and makes recommendations to DHS on appropriate utilization guidelines or parameters.

Example: The DUR Commission recommended that an age edit be placed on Provigil®, restricting its use in patients to those 16 years of age and older.

- Prior Authorization

Definition: A process for obtaining approval for a drug before the drug is provided to a member, as a precondition for provider reimbursement. Prior authorization is requested at the prescriber level and is a prescriber fax-only system using the forms provided by the Iowa Medicaid Enterprise.

Impact: The DUR Commission develops sound, cost-effective medication use guidelines by reviewing peer reviewed medical information from various sources. The Commission seeks outside expertise when necessary and considers public comments prior to

recommending step therapy for appropriate drug use.

Example: The DUR Commission developed the criteria for the Nicotine Replacement Therapy prior authorization.

Prior Authorization is required for over-the-counter nicotine replacement patches and nicotine gum. Requests for authorization must include:

- 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.
- 2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.
- 3) Approvals will only be granted for patients eighteen years of age and older.
- 4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period.
- 5) A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and/or 330 pieces of nicotine gum. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.

- Preferred Drug List (PDL)

Definition: A list comprised of drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics Committee that have been identified as being therapeutically equivalent within a drug class and that provide cost benefit to the Medicaid program.

Impact: The DUR Commission makes referrals to and considers requests from the Pharmacy and Therapeutics (P&T) Committee to improve drug therapy.

Example: The DUR Commission recommended that the Iowa Medicaid Pharmacy and Therapeutics Committee change the status of products containing carisoprodol on the PDL from preferred to nonpreferred.

- Disease management

Definition: A coordinated process by which Iowa Medicaid identifies and treats diseases within defined patient populations. This goal is achieved by identifying and delivering the most effective and efficient combination of available resources.

Impact: The Commission reviews disease state guidelines to determine appropriate drug use, shares drug utilization information, and makes recommendations to improve therapeutic outcomes.

Example: DUR exchanged patient specific information with case management regarding utilization patterns of Advair®.

- Supplemental rebates

Definition: A rebate given in addition to rebates received under the CMS Rebate Agreement, pursuant to Section 1927 of the Social Security Act (42 USC 1396r-8).

Impact: The existence of a supplemental rebate and how it may impact the price of a medication is taken into consideration when the DUR Commission makes recommendations.

Example: The DUR Commission requested that the Iowa Medicaid P&T Committee review the different dosage forms of nicotine replacement therapy and share information as to which products were the most cost effective.

Appendix C

Overall Programs Results

**Program Evaluation/Cost Savings Estimates
Iowa Medicaid Retrospective Drug Utilization Review
Annual Report
SFY13**

Patient Focused Profile Review

Suggestions Made	1,443
Therapy Changed	115
Impact Rate	7.97%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated*	\$254.02
Dollars Saved on Medication*	\$342,928.20

Problem-Focused Profile Review

Suggestions Made	2,579
Therapy Changed	968
Impact Rate	37.53%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated*	\$352.03
Dollars Saved on Medication*	\$907,897.01

Cost Savings Estimate*	\$1,250,825.21
Cost of the Program (State & Federal)	\$270,000.00
Net Cost Savings Estimate	\$980,825.21

Savings Per Dollar Spent (State and Federal)*	\$4.63
--	---------------

Savings Per State Dollar Spent*	\$9.27
--	---------------

*Savings reported are pre-rebate, total dollars

Appendix D

Results Patient-Focused

Savings By Template Class

SFY13

Initial Review Date Evaluation Dte	Oct-11 Jul-12	Dec-11 Sep-12	Feb-12 Nov-12	Apr-12 Jan-13	Jun-12 Mar-13	Aug-12 May-13	Total
<u>Template Classification</u>							
Adverse Drug Reaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Disease Interaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Drug Interaction	\$291.07	\$1,604.56	\$2,318.63	\$1,701.13	\$0.00	\$2,278.49	\$8,193.88
High Cost Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inappropriate Billing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Missing Drug Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Optimal Dosage Form	\$2,389.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,389.98
Not Optimal Dose	\$2,960.80	\$46.67	\$0.00	\$24.94	\$2,739.39	\$0.00	\$5,771.80
Not Optimal Drug	\$19,868.09	\$6,031.81	\$1,767.77	\$7,979.35	\$2,627.19	\$21,170.29	\$59,444.50
Not Optimal Duration	\$1,226.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.03
Patient Overuse	\$260.05	\$0.00	\$0.00	\$157.27	\$0.00	\$0.00	\$417.32
Patient Underuse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Potential Generic Use	\$146.42	\$2,613.14	\$4,214.41	\$0.00	\$0.00	\$0.00	\$6,973.97
Therapeutic Alternative	\$17.37	\$0.00	\$0.00	\$0.00	\$0.00	\$1,385.97	\$1,403.34
Therapeutic Duplication	\$94,006.38	\$8,382.55	\$9,243.42	\$71,023.18	\$49,496.01	\$24,644.80	\$256,796.34
Unnecessary Drug Therapy	\$311.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$311.04
Total	\$121,477.23	\$18,678.73	\$17,544.23	\$80,885.87	\$54,862.59	\$49,479.55	\$342,928.20

Intervention Case Summaries

August 2012

The Commission reviewed the profile of a 56 year-old male receiving two beta-blockers (carvedilol and metoprolol ER). The Commission asked what the clinical situation was for the combined use of these beta-blockers. Upon re-review, metoprolol ER was discontinued and the dose of carvedilol was increased.
Annualized pre-rebate savings (state and federal) = \$222.77 (taking into consideration the increased carvedilol dose)

The Commission reviewed the profile of a 26 year-old male taking gemfibrozil and *Tricor* concurrently. The Commission asked what the clinical situation was for the combined use of these medications. Upon re-review, *Tricor* was discontinued.
Annualized pre-rebate savings (state and federal) = \$2,068.58

The Commission reviewed the profile of a 36 year-old male taking *Geodon* and fluphenazine concurrently. The Commission asked if this combination therapy had been recently re-evaluated to consider tapering to one agent. Upon re-review, *Geodon* and fluphenazine were discontinued (as was benztropine) and treatment with *Invega* was initiated
Annualized pre-rebate savings (state and federal) = \$1,222.62 (taking into consideration the cost of *Invega*)

The Commission reviewed the profile of a 29 year-old female taking sertraline and paroxetine concurrently. The Commission asked if it was possible to taper and discontinue one of the medications and adjust of the dose of the other if needed. Upon re-review, paroxetine was discontinued and the dose of sertraline was increased.
Annualized pre-rebate savings (state and federal) = \$95.38 (taking into consideration the increased sertraline dose)

Intervention Case Summaries

October 2012

The Commission reviewed the profile of a 33 year-old male taking wafarin, aspirin and nabumetone. The Commission asked if this combination is still required since NSAIDs may increase the anticoagulant effect of warfarin and increase the risk of GI bleeding. . Upon re-review, nabumetone was discontinued.
Annualized pre-rebate savings (state and federal) = \$264.78

The Commission reviewed the profile of a 61 year-old female taking benztropine with a second generation antipsychotic (Seroquel). The Commission asked if the benztropine was needed since second generation antipsychotics have a lower incidence of EPS at moderate doses. Upon re-review, benztropine was discontinued.
Annualized pre-rebate savings (state and federal) = \$109.64

The Commission reviewed the profile of a 50 year-old female taking clonazepam and alprazolam concurrently. The Commission what the clinical situation was for the combined use of these benzodiazepines. Upon re-review, clonazepam and alprazolam were discontinued. Note patient was taking hydroxyzine pamoate which was continued without a dose increase.
Annualized pre-rebate savings (state and federal) = \$179.76

The Commission reviewed the profile of a 17 year-old female taking citalopram and fluoxetine concurrently. The Commission asked if it was possible to taper and discontinue one of the medications and adjust of the dose of the other if needed. Upon re-review, citalopram was discontinued and the dose of fluoxetine remained the same.
Annualized pre-rebate savings (state and federal) = \$76.56

Intervention Case Summaries

December 2012

The Commission reviewed the profile of a 52 year-old female taking *Simcor* and *Niaspan ER* concurrently. The Commission asked since the patient was already taking *Niaspan ER* if the *Simcor* could be replaced with simvastatin and the dose of *Niaspan ER* be increased. Upon re-review, *Simcor* was discontinued and the dose of *Niaspan ER* was increased.

Annualized pre-rebate savings (state and federal) = \$237.72 (taking into consideration the increased *Niaspan ER* dose)

The Commission reviewed the profile of a 59 year-old female taking *Paxil CR*. The Commission pointed out the significant cost of the medication and asked that consideration be given to the use of paroxetine tablets with an adjusted strength to simulate the therapeutic effect of *Paxil CR*. Upon re-review, *Paxil CR* was discontinued and replaced with paroxetine.

Annualized pre-rebate savings (state and federal) = \$3,091.07

The Commission reviewed the profile of a 64 year-old female taking clonazepam and diazepam concurrently. The Commission asked what the clinical situation was that required the combined use of these medications and asked if one medication could be discontinued and the dose of the other be adjusted if needed. Upon re-review, diazepam was discontinued and the dose of clonazepam remained the same.

Annualized pre-rebate savings (state and federal) = \$92.12

The Commission reviewed the profile of a 52 year-old female taking oxybutynin and *Toviaz* concurrently. The Commission asked what the clinical situation was that required the combined use of these medications and asked if one medication could be discontinued and the dose of the other be adjusted if needed. Upon re-review, oxybutynin was discontinued and the dose of *Toviaz* remained the same.

Annualized pre-rebate savings (state and federal) = \$104.24

Intervention Case Summaries

February 2013

The Commission reviewed the profile of a 60 year-old male taking brand name *Effexor XR*. The Commission asked if the generic equivalent could be used resulting in a significant cost savings. Upon re-review, *Effexor XR* was discontinued and replaced with venlafaxine er.

Annualized pre-rebate savings (state and federal) = \$4,214.41

The Commission reviewed the profile of a 58 year-old female taking lisinopril and losartan. The Commission asked, since both medications had similar therapeutic effects, if one of the medications could be discontinued and the dose of the other be adjusted if needed. Upon re-review, losartan was discontinued and the dose of lisinopril remained the same.

Annualized pre-rebate savings (state and federal) = \$106.37

The Commission reviewed the profile of a 56 year-old male taking torsemide and furosemide concurrently. The Commission asked what the clinical situation was that required the combined use of these medications and asked if one medication could be discontinued and the dose of the other be adjusted if needed. Upon re-review, torsemide was discontinued and the dose of furosemide was increased.

Annualized pre-rebate savings (state and federal) = \$186.47

The Commission reviewed the profile of a 47 year-old male taking the short-acting opioids hydrocodone/apap, morphine sulfate and oxycodone concurrently. The Commission asked if a long-acting opioid could be added with the discontinuation of one or more of the short-acting opioids. Upon re-review, oxycodone was discontinued, the doses of hydrocodone/apap and morphine sulfate were decreased and morphine sulfate er was added.

Annualized pre-rebate savings (state and federal) = \$173.55 (taking into consideration the addition of one morphine sulfate er, the dose decrease of hydrocodone/apap and morphine sulfate, and the discontinuation of oxycodone)

Intervention Case Summaries

April 2013

The Commission reviewed the profile of a 6 year-old male taking benztropine concurrently with a low dose atypical antipsychotic (risperidone 1mg/day). The Commission asked since atypical antipsychotics typically have a lower incidence of extrapyramidal side effects at moderate doses if the benefit of the atypical antipsychotic or benztropine was being realized. Upon re-review, both the benztropine and risperidone were discontinued. No other antipsychotic was prescribed.
Annualized pre-rebate savings (state and federal) = \$315.36

The Commission reviewed the profile of a 51 year-old male taking cyclobenzaprine regularly for more than three months. The Commission asked if the patient's condition has improved to the point that the medication could be stopped. Upon re-review, cyclobenzaprine was discontinued.
Annualized pre-rebate savings (state and federal) = \$151.80

The Commission reviewed the profile of a 37 year-old female taking amitriptyline and mirtazapine concurrently. The Commission asked since they would generally be considered to produce similar therapeutic effects if one medication could be discontinued and the dose of the other be adjusted if needed. Upon re-review, amitriptyline and mirtazapine were discontinued and temazepam was added.
Annualized pre-rebate savings (state and federal) = \$158.31 (taking into consideration the cost of temazepam)

The Commission reviewed the profile of a 45 year-old female taking *Cymbalta* and escitalopram concurrently. The Commission pointed out the combination can increase the potential for serotonin syndrome and asked if one of the medications could be discontinued with a dose adjustment of the other, if needed. Upon re-review, escitalopram was discontinued without a dose adjustment for *Cymbalta*.
Annualized pre-rebate savings (state and federal) = \$212.05

Intervention Case Summaries

June 2013

The Commission reviewed the profile of a 10 year-old male taking *Focalin XR* 15mg, *Focalin* 10mg, and methylphenidate 10mg daily. The Commission asked if one or more of the medications could be discontinued and the dose of the other(s) be adjusted. Upon re-review, the dose of *Focalin XR* was increased and *Focalin* and methylphenidate were discontinued.

Annualized pre-rebate savings (state and federal) = \$1,025.31 (taking into account for the increased *Focalin XR* dose)

The Commission reviewed the profile of a 35 year-old male taking three antidepressants (amitriptyline, *Lexapro*, and trazodone). The Commission asked if one or more of the antidepressants could be discontinued and the dose of the other(s) be adjusted. Upon re-review, *Lexapro* was discontinued.

Annualized pre-rebate savings (state and federal) = \$183.49 (savings based on cost of escitalopram as it is now preferred)

The Commission reviewed the profile of a 55 year-old female taking *Geodon*, *Latuda*, and quetiapine concurrently. The Commission asked if one or more of the antipsychotics could be discontinued and the dose of the other(s) be adjusted if needed. Upon re-review, quetiapine was discontinued.

Annualized pre-rebate savings (state and federal) = \$241.29

The Commission reviewed the profile of a 41 year-old female taking *Geodon* and risperidone concurrently. The Commission asked if one of the medications could be discontinued with a dose adjustment of the other, if needed. Upon re-review, risperidone was discontinued.

Annualized pre-rebate savings (state and federal) = \$162.51

Appendix E

Results Problem-Focused

Problem Focused Studies Impact Rate SFY 2013

Focus Study	Review Period	Evaluation Period	Patients Reviewed	Postive Impact	Impact Rate
Concurrent Muscle Relaxants	07/01/2011 - 09/30/2011	05/01/2012 - 07/31/2012	97	48	49.5%
Chronic Muscle Relaxants	07/01/2011 - 09/30/2011	05/01/2012 - 07/31/2012	315	147	46.7%
Quetiapine and QT Prolongation	08/01/2011 - 09/30/2011	06/01/2012 - 07/31/2012	70	29	41.4%
High Dose Simvastatin	10/01/2011 - 10/31/2011	07/01/2012 - 07/31/2011	261	142	54.4%
Citalopram and Abnormal Heart Rhythm	12/01/2010 - 10/31/2010	12/01/2011 - 11/30/2012	843	220	26.1%
Pseudoephedrine	11/01/2011 - 11/30/2011	11/01/2012 - 11/30/2012	5	5	100.0%
Duplicate Antipsychotics in Children	09/01/2011 - 11/30/2011	09/01/2012 - 11/30/2012	142	11	7.7%
Clonidine Plus Guanfacine	01/01/2012 - 03/31/2012	10/01/2012 - 12/31/2012	299	162	54.2%
Low-Dose Quetiapine	01/01/2012 - 05/31/2012	12/01/2012 - 03/31/2013	52	22	42.3%
Drospirenone	03/01/2012 - 05/31/2012	01/01/2013 - 03/31/2013	39	19	48.7%
Stimulant Use in Adults	07/01/2011 - 06/30/2012	04/01/2013 - 06/30/2013	456	163	35.7%
TOTAL			2,579	968	37.5%

Appendix F

Descriptions Problem-Focused



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Concurrent Muscle Relaxants

Purpose: Follow-up on the unique members using two or more skeletal muscle relaxants concurrently.

Number of unique members from original study	97
Number of unique members that changed therapy	48
Number of unique members that did not change therapy	29
Number of members who lost Medicaid eligibility since 10/1/2011	20

Number of surveys sent to prescribers	131	Number of surveys received from prescribers	72	Percent of surveys from prescribers	54.96%
Number of surveys sent to pharmacies	110	Number of surveys received from pharmacies	31	Percent of surveys from pharmacies	28.18%
Total number of surveys sent	241	Total number of surveys received	103	Percent of surveys received	42.74%

Costs (pre-rebate)	Original Costs (07/01/2011-09/30/2011) *	Costs After DUR Intervention (05/01/2012 -07/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$4,109.94	\$1,807.52	\$2,145.91	\$8,583.64
Total Dollars State	\$2,452.32	\$1,192.77	\$1,416.06	\$5,664.24
Total Dollars (State and Federal)	\$6,562.26	\$3,000.29	\$3,561.97	\$14,247.88

* Federal FMAP: 0.6263 State FMAP: 0.3737

** Federal FMAP: 0.6024 State FMAP: 0.3976

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Chronic Muscle Relaxants

Purpose: Follow-up on the unique members using skeletal muscle relaxants on a chronic basis.

Number of unique members from original study	315
Number of unique members that changed therapy	147
Number of unique members that did not change therapy	132
Number of members who lost Medicaid eligibility since 10/1/2011	36

Number of surveys sent to prescribers	326	Number of surveys received from prescribers	146	Percent of surveys from prescribers	44.79%
Number of surveys sent to pharmacies	334	Number of surveys received from pharmacies	101	Percent of surveys from pharmacies	30.24%
Total number of surveys sent	660	Total number of surveys received	247	Percent of surveys received	37.42%

Costs (pre-rebate)	Original Costs (07/01/2011-09/30/2011) *	Costs After DUR Intervention (05/01/2012 -07/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$5,119.35	\$2,660.24	\$2,264.16	\$9,056.63
Total Dollars State	\$3,054.61	\$1,755.47	\$1,494.09	\$5,976.37
Total Dollars (State and Federal)	\$8,173.96	\$4,415.71	\$3,758.25	\$15,033.00

* Federal FMAP: 0.6263 State FMAP: 0.3737

** Federal FMAP: 0.6024 State FMAP: 0.3976

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Quetiapine and Torsades

Purpose: Follow-up on the unique members using quetiapine and the risk of QT prolongation leading to Torsades de Pointes.

Number of unique members from original study	70
Number of unique members that changed therapy	29
Number of unique members that did not change therapy	32
Number of members who lost Medicaid eligibility since 10/1/2011	9

Number of surveys sent to prescribers	71	Number of surveys received from prescribers	35	Percent of surveys from prescribers	49.30%
Number of surveys sent to pharmacies	76	Number of surveys received from pharmacies	23	Percent of surveys from pharmacies	30.26%
Total number of surveys sent	147	Total number of surveys received	58	Percent of surveys received	39.46%

Costs (pre-rebate)	Original Costs (08/01/2011-09/30/2011) *	Costs After DUR Intervention (06/01/2012 -07/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$84,377.94	\$51,490.75	\$31,977.08	\$191,862.51
Total Dollars State	\$53,517.05	\$33,575.75	\$20,851.41	\$125,108.43
Total Dollars (State and Federal)	\$137,894.99	\$85,066.50	\$52,828.49	\$316,970.94

* Federal FMAP: 0.6119 State FMAP: 0.3881

** Federal FMAP: 0.6053 State FMAP: 0.3947

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

High Dose Simvastatin

Purpose: Follow-up on the unique members identified as using Simvastatin with a drug that can inhibit CYP3A4 resulting in an increased risk of myopathy.

Number of unique members from original study	261
Number of unique members that changed therapy	142
Number of unique members that did not change therapy	99
Number of members who lost Medicaid eligibility since 10/1/2011	20

Number of surveys sent to prescribers	299	Number of surveys received from prescribers	111	Percent of surveys from prescribers	37.12%
Number of surveys sent to pharmacies	265	Number of surveys received from pharmacies	88	Percent of surveys from pharmacies	33.21%
Total number of surveys sent	564	Total number of surveys received	199	Percent of surveys received	35.28%

Costs (pre-rebate)	Original Costs (10/01/2011-10/31/2011) *	Costs After DUR Intervention (07/01/2012 -07/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$4,354.06	\$5,560.74	(\$1,300.61)	(\$15,607.32)
Total Dollars State	\$2,761.58	\$3,727.29	(\$871.78)	(\$10,461.36)
Total Dollars (State and Federal)	\$7,115.64	\$9,288.03	(\$2,172.39)	(\$26,068.68)

* Federal FMAP: 0.6119 State FMAP: 0.3881

** Federal FMAP: 0.5987 State FMAP: 0.4013

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims Citalopram and Abnormal Heart Rhythm

Purpose: Follow-up on the unique members identified being on citalopram with a past medical history of abnormal heart rhythms.

Number of unique members from original study	843
Number of unique members that changed therapy	220
Number of unique members that did not change therapy	388
Number of members who lost Medicaid eligibility since 12/1/2011	235

Number of surveys sent to prescribers	890	Number of surveys received from prescribers	398	Percent of surveys from prescribers	44.72%
Number of surveys sent to pharmacies	1,005	Number of surveys received from pharmacies	353	Percent of surveys from pharmacies	35.12%
Total number of surveys sent	1,895	Total number of surveys received	751	Percent of surveys received	39.63%

Costs (pre-rebate)	Original Costs (12/01/2010-11/30/2011) *	Costs After DUR Intervention (12/01/2011 -11/30/2012) **	Cost Savings
Total Dollars Federal	\$15,390.78	\$9,334.96	\$4,406.52
Total Dollars State	\$7,311.16	\$6,087.08	\$2,873.38
Total Dollars (State and Federal)	\$22,701.94	\$15,422.04	\$7,279.90

* Federal FMAP: 0.67795 State FMAP: 0.32205

** Federal FMAP: 0.6053 State FMAP: 0.3947

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Pseudoephedrine

Purpose: Follow-up on the unique members identified as receiving large quantities of pseudoephedrine monthly for 10 to 11 consecutive months.

Number of unique members from original study

5

Number of unique members that changed therapy

5

Number of unique members that did not change therapy

0

Number of members who lost Medicaid eligibility since 12/1/2011

0

Number of surveys sent to prescribers

5

Number of surveys received from prescribers

3

Percent of surveys from prescribers

60.00%

Number of surveys sent to pharmacies

5

Number of surveys received from pharmacies

3

Percent of surveys from pharmacies

60.00%

Total number of surveys sent

10

Total number of surveys received

6

Percent of surveys received

60.00%

Costs (pre-rebate)	Original Costs (11/01/2011-11/30/2011) *	Costs After DUR Intervention (11/01/2012 -11/30/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$59.48	\$4.66	\$53.54	\$642.43
Total Dollars State	\$37.73	\$3.13	\$35.88	\$430.61
Total Dollars (State and Federal)	\$97.21	\$7.79	\$89.42	\$1,073.04

* Federal FMAP: 0.6119 State FMAP: 0.3881

** Federal FMAP: 0.5987 State FMAP: 0.4013

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Duplicate Antipsychotics in Children

Purpose: Follow-up on the unique members aged 0 through 17 identified as using multiple antipsychotics for 45 or more days concurrently.

Number of unique members from original study	142
Number of unique members that changed therapy	11
Number of unique members that did not change therapy	118
Number of members who lost Medicaid eligibility since 12/1/2011	13

Number of surveys sent to prescribers	179	Number of surveys received from prescribers	79	Percent of surveys from prescribers	44.13%
Number of surveys sent to pharmacies	161	Number of surveys received from pharmacies	61	Percent of surveys from pharmacies	37.89%
Total number of surveys sent	340	Total number of surveys received	140	Percent of surveys received	41.18%

Costs (pre-rebate)	Original Costs (09/01/2011-11/30/2011) *	Costs After DUR Intervention (09/01/2012 -11/30/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$156,351.42	\$114,739.57	\$38,239.02	\$152,956.07
Total Dollars State	\$99,166.51	\$76,908.28	\$25,631.06	\$102,524.25
Total Dollars (State and Federal)	\$255,517.93	\$191,647.85	\$63,870.08	\$255,480.32

* Federal FMAP: 0.6119 State FMAP: 0.3881

** Federal FMAP: 0.5987 State FMAP: 0.4013

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Clonidine plus Guanfacine

Purpose: Follow-up on the unique members combining immediate-release clonidine with immediate-release guanfacine.

Number of unique members from original study	299
Number of unique members that changed therapy	162
Number of unique members that did not change therapy	117
Number of members who lost Medicaid eligibility since 4/1/2012	20

Number of surveys sent to prescribers	358	Number of surveys received from prescribers	212	Percent of surveys from prescribers	59.22%
Number of surveys sent to pharmacies	331	Number of surveys received from pharmacies	104	Percent of surveys from pharmacies	31.42%
Total number of surveys sent	689	Total number of surveys received	316	Percent of surveys received	45.86%

Costs (pre-rebate)	Original Costs (01/01/2012-03/31/2012) *	Costs After DUR Intervention (10/01/2012 -12/31/2012) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$7,014.13	\$5,891.34	\$971.48	\$3,885.92
Total Dollars State	\$4,448.74	\$3,948.88	\$651.17	\$2,604.68
Total Dollars (State and Federal)	\$11,462.87	\$9,840.22	\$1,622.65	\$6,490.60

* Federal FMAP: 0.6119 State FMAP: 0.3881

** Federal FMAP: 0.5987 State FMAP: 0.4013

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Low-dose Quetiapine

Purpose: Follow-up on the unique members identified as using a low dose of immediate-release quetiapine at a subtherapeutic dose.

Number of unique members from original study	52
Number of unique members that changed therapy	22
Number of unique members that did not change therapy	26
Number of members who lost Medicaid eligibility since 6/1/2012	4

Number of surveys sent to prescribers	64	Number of surveys received from prescribers	28	Percent of surveys from prescribers	43.75%
Number of surveys sent to pharmacies	61	Number of surveys received from pharmacies	28	Percent of surveys from pharmacies	45.90%
Total number of surveys sent	125	Total number of surveys received	56	Percent of surveys received	44.80%

Costs (pre-rebate)	Original Costs (01/01/2012-05/31/2012) *	Costs After DUR Intervention (12/01/2012 -03/31/2013) **	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	\$42,351.61	\$27,439.92	\$13,998.07	\$41,994.22
Total Dollars State	\$26,861.67	\$18,392.58	\$9,382.71	\$28,148.12
Total Dollars (State and Federal)	\$69,213.28	\$45,832.50	\$23,380.78	\$70,142.34

* Federal FMAP: 0.6119 State FMAP: 0.3881

** Federal FMAP: 0.5987 State FMAP: 0.4013

*** Annualized Cost Savings is based on the reported interval.



IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-Reversed Claims

Drospirenone

Purpose: Follow-up on the unique members identified as using a drospirenone-containing oral contraceptive that had a diagnosis that puts them at an increased risk of venous thromboembolism (VTE).

Number of unique members from original study	39
Number of unique members that changed therapy	19
Number of unique members that did not change therapy	11
Number of members who lost Medicaid eligibility since 6/1/2012	9

Number of surveys sent to prescribers	54	Number of surveys received from prescribers	28	Percent of surveys from prescribers	51.85%
Number of surveys sent to pharmacies	47	Number of surveys received from pharmacies	18	Percent of surveys from pharmacies	38.30%
Total number of surveys sent	101	Total number of surveys received	46	Percent of surveys received	45.54%

Costs (pre-rebate)	Original Costs (03/01/2012-05/31/2012) *	Costs After DUR Intervention (01/01/2013 -03/31/2013) **	Cost Savings***	Annualized Cost Savings ****
Total Dollars Federal	\$5,060.21	\$1,842.86	\$3,108.19	\$12,432.75
Total Dollars State	\$3,209.46	\$1,235.25	\$2,083.37	\$8,333.49
Total Dollars (State and Federal)	\$8,269.67	\$3,078.11	\$5,191.56	\$20,766.24

* Federal FMAP: 0.6119 State FMAP: 0.3881

** Federal FMAP: 0.5987 State FMAP: 0.4013

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.

Appendix G

Prior Auth Recommendations

2012-2013 Therapeutic Prior Authorization Criteria Review

During the fiscal year ending 2013, the Commission reviewed the following categories of medications covered under the prior authorization program.

The following criteria were reviewed with recommended changes:

- **Biologicals** – Modifications were made to include contraindications and monitoring to all criteria. Changed criteria for rheumatoid arthritis to require two preferred oral DMARDs used concurrently. Changed criteria for psoriasis to require trial with one oral DMARD, methotrexate (or others if methotrexate is contraindicated). Changed criteria for juvenile idiopathic arthritis to require trial with intraarticular glucocorticoid injections and oral DMARD methotrexate (or others if methotrexate is contraindicated).
- **ADD/ADHD/Narcolepsy** – Modifications were made for members 21 years of age and older with a diagnosis of ADD/ADHD to require confirmation of diagnosis with a standardized rating scale, symptoms were present before 12 years of age, and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational).
- **Omalizumab (Xolair)** – Modifications were made to require diagnosis of persistent asthma for at least 1 year; member is 12 years of age or older; pretreatment IgE level between 30 and 700 IU/mL; members weight is between 30 and 150 kg; member has a history of positive skin or RAST test to a perennial aeroallergen; member is currently using and inhaled corticosteroid and long-acting beta-agonist, is compliant with therapy and asthma symptoms were not adequately controlled after at least 3 months of treatment; and patient must have access to an EpiPen.
- **Selected Brand Name Drugs** – Modifications were made to section B of the Medwatch form to remove the option of “other” from the list of adverse event or contraindication choices.
- **Oral Multiple Sclerosis Agents** - Modifications were made to add specific criteria to fingolimod (*Gilenya*) and teriflunomide (*Aubagio*) using the contraindications and monitoring parameters from the package insert for each medication.
- **Sodium Oxybate (Xyrem)** – Modifications were made to require the member be enrolled in the Xyrem Success Program and that the member is instructed to not drinking alcohol when using *Xyrem*.

The following are new classes for which clinical prior authorization criteria were developed and recommended:

- **Vemurafenib (Zelboraf)** – Prior authorization criteria was developed and accepted to require: 1) Patient is 18 years of age or older; and 2) Has a diagnosis of unresectable or metastatic melanoma with BRAF^{V600E} mutation as detected by an FDA-approved test; and 3) Prescriber is an oncologist.

- **Buprenorphine/Naloxone (Suboxone)** – Prior authorization criteria was developed and accepted as follows: Requests for doses above 24mg per day or greater than once daily dosing will not be considered. Initial request will be considered for 3 months. Requests for maintenance doses above 16mg will not be considered on a long-term basis. Concomitant use with opioids, tramadol and hypnotics will be prohibited. Benzodiazepines will be allowed up to a cumulative 30 days per 12 month period. Payment will be considered for patients when the following is met:
 1. Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND
 2. Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an “X” DEA number; AND
 3. Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND
 4. A projected treatment plan is provided, including:
 - anticipated induction/stabilization dose,
 - anticipated maintenance dose,
 - expected frequency of office visits, and
 - expected frequency of counseling/psychosocial therapy visits.
 5. Requests for renewal must include:
 - An updated treatment plan, including consideration of a medical taper to the lowest effective dose based on a self-assessment scale,
 - Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient’s use of controlled substances since the last prior authorization request,
 - Documentation of a current, negative drug screen,
 - Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.
 6. Requests for buprenorphine will only be considered for pregnant patients.
- **Mifepristone (Korlym)** – Prior authorization criteria was developed and accepted to require: 1) The patient is 18 years of age or older; and 2) Has a diagnosis of endogenous Cushing’s Syndrome with hyperglycemia secondary to hypercortisolism in patients with Type 2 Diabetes or glucose intolerance; and 3) Patient must have failed surgery or is not a candidate for surgery; and 4) Prescriber is an endocrinologist. 5) Female patients of reproductive age must have a negative pregnancy test confirmed within the last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment.
- **Repository Corticotropin Injection (H.P. Acthar Gel)** – Prior authorization criteria was developed and accepted to require: 1) Patient is under two years of age, and 2) Patient has a diagnosis of infantile spasms. Treatment of compendia indicated steroid-response conditions will only be considered upon documented contraindications or intolerance

to corticosteroids not expected to occur with the use of repository corticotropin injection.

- **Janus Kinase (JAK) Inhibitors** – Prior authorization criteria was developed and accepted to require: 1) The patient is 18 years of age or older; and 2) Has a diagnosis of moderate to severe rheumatoid arthritis; and 3) Has a documented trial and inadequate response to two preferred oral disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline) ; and 4) Has a documented trial and inadequate response to a preferred biological DMARD; and 5) The patient is not using or planning to use tofacitinib in combination with biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and 6) Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and 7) Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to manufacturer labeling; and 8) Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and 9) Patient is not at an increased risk of gastrointestinal perforation.
- **Dabigatran (*Pradaxa*)** – Prior authorization criteria was developed and accepted to require: 1) Patient has a diagnosis of non-valvular atrial fibrillation; and 2) Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and 3) Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1; and 4) Patient does not have a mechanical prosthetic heart valve; and 5) Patient does not have active pathological bleeding; and 6) Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.

No recommendations were made to remove criteria during the 2013 state fiscal year.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosio, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M. D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

October 5, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, October 3, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Vemurafenib (Zelboraf™) and Biologicals for Arthritis and a ProDUR edit for spinosad (Natroba™). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations and Iowa Medicaid providers in response to an August 6, 2012 letter that was sent to them detailing the proposed Vemurafenib (Zelboraf™) and Biologicals for Arthritis criteria.

Vemurafenib (Zelboraf™)

Prior authorization is required for Zelboraf™ (vemurafenib). Payment will be considered for patients when the following criteria are met:

- 1. Patient is 18 years of age or older; and*
- 2. Has a diagnosis of unresectable or metastatic melanoma with BRAF^{V600E} mutation as detected by an FDA-approved test; and*
- 3. Prescriber is an oncologist.*

If the criteria for coverage are met, authorizations will be given at three (3) month intervals. Updates on disease progression must be provided with each renewal request. If disease progression is noted, therapy will not be continued.

The DUR Commission also recommends a quantity limit of 240 tablets per 30 days.

Biologicals for Arthritis

Changes are italicized:

Prior authorization is required for biologicals used for arthritis. *Patients initiating therapy with a biological agent must 1) be screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; 2) have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; 3) not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and 4) be screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment. Payment will be considered under the following conditions:*

A diagnosis of rheumatoid arthritis (RA) (*Humira, Enbrel, Actemra, Cimzia, Kineret, Orencia, Remicade, Simponi*)

- *A trial and inadequate response to two preferred disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline).*
- *Upon an unsuccessful methotrexate trial in patients with established RA, the combination trial with a second DMARD may be overridden if there is evidence of severe disease documented by radiographic erosions.*

A diagnosis of moderate to severe psoriatic arthritis (*Enbrel, Humira, Remicade, Simponi*)

- *A trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

A diagnosis of moderate to severe juvenile idiopathic arthritis (*Enbrel, Humira, Actemra, Orencia*)

- *A trial and inadequate response to intraarticular glucocorticoid injections and the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*


The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

The DUR Commission discussed criteria to be used for a ProDUR edit on spinosad (Natroba™). The DUR Commission recommends that two applications of the preferred pediculicide (permethrin lotion 1% or pyrethrins-piperonyl butoxide) be tried within 30 days before Natroba™ would be allowed to pay without prior authorization.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Vemurafenib (Zelboraf™) and Biologicals for Arthritis in addition to the ProDUR edit on Natroba™.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." in a cursive script.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosio, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M.D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

December 6, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, December 5, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Buprenorphine/Naloxone (Suboxone®), Mifepristone (Korlym®) and increasing the refill tolerance. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed a comment received from the medical association in response to an October 5, 2012 letter that was sent to them detailing the proposed Buprenorphine/Naloxone (Suboxone®) and Mifepristone (Korlym®) criteria.

Buprenorphine/Naloxone (Suboxone®)

Prior authorization is required for buprenorphine or buprenorphine/naloxone (Suboxone®). Requests for doses above 24mg per day or greater than once daily dosing will not be considered. Initial request will be considered for 3 months. Requests for maintenance doses above 16mg will not be considered on a long-term basis. Concomitant use with opioids, tramadol and hypnotics will be prohibited. Benzodiazepines will be allowed up to a cumulative 30 days per 12 month period. Payment will be considered for patients when the following is met:

1. *Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND*
2. *Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an "X" DEA number; AND*
3. *Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND*
4. *A projected treatment plan is provided, including:*
 - *anticipated induction/stabilization dose,*
 - *anticipated maintenance dose,*

- *expected frequency of office visits, and*
 - *expected frequency of counseling/psychosocial therapy visits.*
5. *Requests for renewal must include:*
- *An updated treatment plan, including consideration of a medical taper to the lowest effective dose based on a self-assessment scale,*
 - *Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request,*
 - *Documentation of a current, negative drug screen,*
 - *Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.*
6. *Requests for buprenorphine will only be considered for pregnant patients.*

Mifepristone (Korlym®)

Prior authorization is required for mifepristone (Korlym®). Payment will be considered for patients when the following is met:

1. *The patient is 18 years of age or older; and*
2. *Has a diagnosis of endogenous Cushing's Syndrome with hyperglycemia secondary to hypercortisolism in patients with Type 2 Diabetes or glucose intolerance; and*
3. *Patient must have failed surgery or is not a candidate for surgery; and*
4. *Prescriber is an endocrinologist.*
5. *Female patients of reproductive age must have a negative pregnancy test confirmed within the last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment.*

The DUR Commission also recommends a quantity limit of 120 tablets per 30 days, when criteria for coverage are met.

The DUR Commission discussed changing the refill tolerance on controlled and non-controlled substances. The DUR Commission recommends increasing the refill tolerance from 85% to 90% for all covered medications.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Buprenorphine/Naloxone (Suboxone®) and Mifepristone (Korlym®) in addition to increasing the refill tolerance to 90% for all covered medications.

Sincerely,



Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosio, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M. D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

February 8, 2013

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 6, 2013. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Omalizumab (*Xolair*®), ADD/ADHD/Narcolepsy, and Selected Brand Name Drugs. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations in response to a December 11, 2012 letter that was sent to them detailing the proposed Omalizumab (*Xolair*®), Oral Multiple Sclerosis Agents, and Selected Brand Name Drugs criteria.

Omalizumab (*Xolair*®)

Changes are italicized:

Prior authorization is required for *Xolair*®. Payment for *Xolair*® will be authorized when the following criteria are met:

1. Patient has a diagnosis of moderate to severe persistent asthma for *at least one year*, and
2. Patient is 12 years of age or older; and
3. *Pretreatment IgE level is between 30 IU/mL and 700 IU/mL; and*
4. *Patient's weight is between 30 kg and 150 kg; and*
5. *History of positive skin or RAST test to a perennial aeroallergen; and*
6. *Prescriber is an allergist, immunologist or pulmonologist; and*
7. *Patient is currently using a high dose inhaled corticosteroid AND long-acting beta-agonist, is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy.*
8. *Patient must have access to an EpiPen to treat allergic reactions that may occur after administration of Xolair®.*

*If the criteria for coverage are met, the initial authorization will be given for 16 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to Xolair® therapy and for patients who do not continue concurrent use with a high dose inhaled corticosteroid **and** long-acting beta-agonist.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

ADHD/ADD/Narcolepsy

Changes are italicized:

Prior authorization (PA) is required for ADD/ADHD/Narcolepsy agents for patients 21 years of age or older *under the following conditions:*

- 1. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-IV criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more environments (social, academic, or occupational).*
- 2. Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).*
- 3. Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.*

Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial of the preferred immediate release and extended release product of the same chemical entity is required.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Selected Brand Name Drugs

The DUR made the recommendation to modify Section B of the Iowa Medicaid Medwatch form (page two of the Selected Brand Name Drugs prior authorization form) to remove the option of “other” from the list of adverse event or contraindication choices. No change to the prior authorization language is required.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Omalizumab (Xolair®) and ADD/ADHD/Narcolepsy in addition to making changes to Section B of the Iowa Medicaid Medwatch form for Selected Brand Name Drugs.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." in a cursive script.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosio, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M.D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

April 4, 2013

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, April 3, 2013. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Sodium Oxybate (*Xyrem*®) and Oral Multiple Sclerosis Agents. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a February 12, 2013 letter that was sent to them detailing the proposed Sodium Oxybate (*Xyrem*) and Oral Multiple Sclerosis Agents criteria.

Sodium Oxybate (*Xyrem*®)

Changes are italicized:

Prior authorization is required for sodium oxybate (*Xyrem*®). Payment will be considered for patients 16 years of age or older under the following conditions:

1. A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.
2. *Patient is enrolled in the Xyrem® Success Program.*
3. A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.
4. *Patient has been instructed to not drink alcohol when using Xyrem®.*
5. Requests for patients with a prior history of substance abuse, concurrent use a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Multiple Sclerosis Agents - Oral

Changes are italicized:

Prior authorization is required for fingolimod (Gilenya™) or teriflunomide (Aubagio®). Payment will be considered *for patients 18 years of age and older* under the following conditions:

1. A diagnosis of relapsing forms of multiple sclerosis, and
2. A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.

The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

For patients initiating therapy with fingolimod (Gilenya™), documentation of the following must be provided:

- *Patient does not have a recent (within the past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization or Class III/IV heart failure.*
- *Patient does not have a history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless the patient has a pacemaker.*
- *Patient does not have a baseline QTc interval \geq 500 ms.*
- *Patient is not being treated with Class Ia or Class III anti-arrhythmic drugs.*

For patients initiating therapy with teriflunomide (Aubagio®), documentation of the following must be provided:

- *Patient does not have severe hepatic impairment.*
- *A negative pregnancy test for females of childbearing age.*
- *Use of a reliable form of contraception for females of childbearing age.*
- *Patient is not taking leflunomide.*

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Sodium Oxybate (Xyrem®) and Oral Multiple Sclerosis Agents.

Sincerely,



Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M. D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

June 7, 2013

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, June 5, 2013. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Repository Corticotropin Injection (H.P. Acthar Gel), Janus Kinase (JAK) Inhibitors, and Dabigatran (Pradaxa®). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical/pharmacy associations in response to an April 9, 2013 letter that was sent to them detailing the proposed Repository Corticotropin Injection (H.P. Acthar Gel), Janus Kinase (JAK) Inhibitors, and Dabigatran (Pradaxa®) criteria.

Repository Corticotropin Injection (H.P. Acthar Gel)

Prior authorization is required for repository corticotropin injection. Payment will be considered under the following conditions:

1. Patient is under two years of age and
2. Patient has a diagnosis of infantile spasms.

Treatment of compendia indicated steroid-response conditions will only be considered upon documented contraindications or intolerance to corticosteroids not expected to occur with the use of repository corticotropin injection.

If criteria for coverage are met, authorization will be provided for up to 30 days of treatment for all indications.

Janus Kinase (JAK) Inhibitors

Prior authorization is required for Janus kinase (JAK) inhibitors. Payment will be considered when the following conditions are met:

1. The patient is 18 years of age or older; and
2. Has a diagnosis of moderate to severe rheumatoid arthritis; and
3. Has a documented trial and inadequate response to two preferred oral disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline) ; and
4. Has a documented trial and inadequate response to a preferred biological DMARD; and
5. The patient is not using or planning to use tofacitinib in combination with biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and
6. Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and
7. Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to manufacturer labeling; and
8. Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and
9. Patient is not at an increased risk of gastrointestinal perforation.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dabigatran (Pradaxa®)

Prior authorization is required for dabigatran (Pradaxa®). Payment will be considered for patients under the following conditions:

1. Patient has a diagnosis of non-valvular atrial fibrillation; and
2. Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and
3. Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1; and
4. Patient does not have a mechanical prosthetic heart valve; and
5. Patient does not have active pathological bleeding; and
6. Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The DUR Commission also recommends a quantity limit of 60 capsules per 30 days and to include the CHADS₂ scoring table on the PA form.

Risk factor based CHADS ₂ Score	
Risk Factors	Score
<input type="checkbox"/> Congestive heart failure	1
<input type="checkbox"/> Hypertension (systolic >160mmHg)	1
<input type="checkbox"/> Age ≥ 75 years	1
<input type="checkbox"/> Diabetes mellitus	1
<input type="checkbox"/> Stroke / TIA / thrombo-embolism	2
Total	

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Repository Corticotropin Injection (H.P. Acthar Gel), Janus Kinase (JAK) Inhibitors, and Dabigatran (Pradaxa[®]).

Sincerely,



Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME

Appendix H

Prospective DUR

**Prospective DUR
SFY 2013**

The following prospective DUR edits were recommended to the Department:

- Quantity limit on vemurafenib (*Zelboraf*) of 240 tablets per 30 days.
- Quantity limit on mifepristone (*Korlym*) of 120 tablets per 30 days.
- Quantity limit on dabigatran (*Pradaxa*) of 60 capsules per 30 days.
- Increasing the refill tolerance to 90% for all covered medications.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosio, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M. D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

October 5, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, October 3, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Vemurafenib (Zelboraf™) and Biologicals for Arthritis and a ProDUR edit for spinosad (Natroba™). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations and Iowa Medicaid providers in response to an August 6, 2012 letter that was sent to them detailing the proposed Vemurafenib (Zelboraf™) and Biologicals for Arthritis criteria.

Vemurafenib (Zelboraf™)

Prior authorization is required for Zelboraf™ (vemurafenib). Payment will be considered for patients when the following criteria are met:

- 1. Patient is 18 years of age or older; and*
- 2. Has a diagnosis of unresectable or metastatic melanoma with BRAF^{V600E} mutation as detected by an FDA-approved test; and*
- 3. Prescriber is an oncologist.*

If the criteria for coverage are met, authorizations will be given at three (3) month intervals. Updates on disease progression must be provided with each renewal request. If disease progression is noted, therapy will not be continued.

The DUR Commission also recommends a quantity limit of 240 tablets per 30 days.

Biologicals for Arthritis

Changes are italicized:

Prior authorization is required for biologicals used for arthritis. *Patients initiating therapy with a biological agent must 1) be screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; 2) have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; 3) not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and 4) be screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment. Payment will be considered under the following conditions:*

A diagnosis of rheumatoid arthritis (RA) (*Humira, Enbrel, Actemra, Cimzia, Kineret, Orencia, Remicade, Simponi*)

- *A trial and inadequate response to two preferred disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline).*
- *Upon an unsuccessful methotrexate trial in patients with established RA, the combination trial with a second DMARD may be overridden if there is evidence of severe disease documented by radiographic erosions.*

A diagnosis of moderate to severe psoriatic arthritis (Enbrel, Humira, Remicade, Simponi)

- *A trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

A diagnosis of moderate to severe juvenile idiopathic arthritis (Enbrel, Humira, Actemra, Orencia)

- *A trial and inadequate response to intraarticular glucocorticoid injections and the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

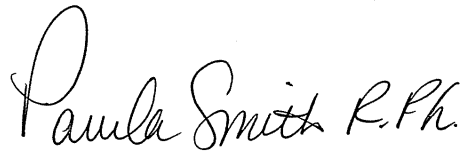
The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

The DUR Commission discussed criteria to be used for a ProDUR edit on spinosad (Natroba™). The DUR Commission recommends that two applications of the preferred pediculicide (permethrin lotion 1% or pyrethrins-piperonyl butoxide) be tried within 30 days before Natroba™ would be allowed to pay without prior authorization.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Vemurafenib (Zelboraf™) and Biologicals for Arthritis in addition to the ProDUR edit on Natroba™.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." in a cursive script.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosio, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M.D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

December 6, 2012

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, December 5, 2012. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Buprenorphine/Naloxone (Suboxone®), Mifepristone (Korlym®) and increasing the refill tolerance. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed a comment received from the medical association in response to an October 5, 2012 letter that was sent to them detailing the proposed Buprenorphine/Naloxone (Suboxone®) and Mifepristone (Korlym®) criteria.

Buprenorphine/Naloxone (Suboxone®)

Prior authorization is required for buprenorphine or buprenorphine/naloxone (Suboxone®). Requests for doses above 24mg per day or greater than once daily dosing will not be considered. Initial request will be considered for 3 months. Requests for maintenance doses above 16mg will not be considered on a long-term basis. Concomitant use with opioids, tramadol and hypnotics will be prohibited. Benzodiazepines will be allowed up to a cumulative 30 days per 12 month period. Payment will be considered for patients when the following is met:

1. *Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND*
2. *Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an "X" DEA number; AND*
3. *Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND*
4. *A projected treatment plan is provided, including:*
 - *anticipated induction/stabilization dose,*
 - *anticipated maintenance dose,*

- *expected frequency of office visits, and*
 - *expected frequency of counseling/psychosocial therapy visits.*
5. *Requests for renewal must include:*
- *An updated treatment plan, including consideration of a medical taper to the lowest effective dose based on a self-assessment scale,*
 - *Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request,*
 - *Documentation of a current, negative drug screen,*
 - *Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.*
6. *Requests for buprenorphine will only be considered for pregnant patients.*

Mifepristone (Korlym®)

Prior authorization is required for mifepristone (Korlym®). Payment will be considered for patients when the following is met:

1. *The patient is 18 years of age or older; and*
2. *Has a diagnosis of endogenous Cushing's Syndrome with hyperglycemia secondary to hypercortisolism in patients with Type 2 Diabetes or glucose intolerance; and*
3. *Patient must have failed surgery or is not a candidate for surgery; and*
4. *Prescriber is an endocrinologist.*
5. *Female patients of reproductive age must have a negative pregnancy test confirmed within the last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment.*

The DUR Commission also recommends a quantity limit of 120 tablets per 30 days, when criteria for coverage are met.

The DUR Commission discussed changing the refill tolerance on controlled and non-controlled substances. The DUR Commission recommends increasing the refill tolerance from 85% to 90% for all covered medications.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Buprenorphine/Naloxone (Suboxone®) and Mifepristone (Korlym®) in addition to increasing the refill tolerance to 90% for all covered medications.

Sincerely,



Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

100 Army Post Road – Des Moines, IA 50315 □ (515) 974-3131 □ Fax 1-866-626-0216

Brett Faine, Pharm.D.
Larry Ambrosion, R.Ph.

Mark Graber, M.D., FACEP
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.

Laurie Pestel, R.Ph., Pharm.D.
Laurie Pestel, R.Ph., Pharm.D.
Gregory Barclay, M.D.
Jason Wilbur, M. D.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

June 7, 2013

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, June 5, 2013. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Repository Corticotropin Injection (H.P. Acthar Gel), Janus Kinase (JAK) Inhibitors, and Dabigatran (Pradaxa®). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical/pharmacy associations in response to an April 9, 2013 letter that was sent to them detailing the proposed Repository Corticotropin Injection (H.P. Acthar Gel), Janus Kinase (JAK) Inhibitors, and Dabigatran (Pradaxa®) criteria.

Repository Corticotropin Injection (H.P. Acthar Gel)

Prior authorization is required for repository corticotropin injection. Payment will be considered under the following conditions:

1. Patient is under two years of age and
2. Patient has a diagnosis of infantile spasms.

Treatment of compendia indicated steroid-response conditions will only be considered upon documented contraindications or intolerance to corticosteroids not expected to occur with the use of repository corticotropin injection.

If criteria for coverage are met, authorization will be provided for up to 30 days of treatment for all indications.

Janus Kinase (JAK) Inhibitors

Prior authorization is required for Janus kinase (JAK) inhibitors. Payment will be considered when the following conditions are met:

1. The patient is 18 years of age or older; and
2. Has a diagnosis of moderate to severe rheumatoid arthritis; and
3. Has a documented trial and inadequate response to two preferred oral disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline) ; and
4. Has a documented trial and inadequate response to a preferred biological DMARD; and
5. The patient is not using or planning to use tofacitinib in combination with biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and
6. Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and
7. Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to manufacturer labeling; and
8. Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and
9. Patient is not at an increased risk of gastrointestinal perforation.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dabigatran (Pradaxa®)

Prior authorization is required for dabigatran (Pradaxa®). Payment will be considered for patients under the following conditions:

1. Patient has a diagnosis of non-valvular atrial fibrillation; and
2. Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and
3. Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1; and
4. Patient does not have a mechanical prosthetic heart valve; and
5. Patient does not have active pathological bleeding; and
6. Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The DUR Commission also recommends a quantity limit of 60 capsules per 30 days and to include the CHADS₂ scoring table on the PA form.

Risk factor based CHADS ₂ Score	
Risk Factors	Score
<input type="checkbox"/> Congestive heart failure	1
<input type="checkbox"/> Hypertension (systolic >160mmHg)	1
<input type="checkbox"/> Age ≥ 75 years	1
<input type="checkbox"/> Diabetes mellitus	1
<input type="checkbox"/> Stroke / TIA / thrombo-embolism	2
Total	

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Repository Corticotropin Injection (H.P. Acthar Gel), Janus Kinase (JAK) Inhibitors, and Dabigatran (Pradaxa[®]).

Sincerely,



Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME

Appendix I

Newsletters



The Bulletin of Medicaid Drug Utilization Review in Iowa

DUR Commission Members

Larry Ambrosion, R.Ph.
Gregory Barclay, M.D.
Casey Clor, M.D.
Brett Faine, Pharm.D.
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, Pharm.D.
Laurie Pestel, Pharm.D.
Jason Wilbur, M.D.

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
DUR Project Coordinator

Commission Welcomes New Members

The DUR Commission welcomes the addition of Jason Wilbur, M.D. and Kellen Ludvigson, Pharm.D.



Jason Wilbur, M.D.



Kellen Ludvigson, Pharm.D.

Dr. Wilbur graduated from the Saint Louis University School of Medicine in 1999. He then completed his Family Medicine Residency at the University of Iowa, where he was Chief Resident 2001-2002, followed by a Geriatric Medicine Fellowship 2002-2003. He is currently Associate Professor of Clinical Family Medicine for the Roy J. & Lucille A. Carver College of Medicine at the University of Iowa. Prior to that, he was Medical Director of the Family Medicine Clinic in Iowa City from 2006 to 2011. The University of Iowa Hospitals and Clinics awarded him the Above and Beyond Reward in 2006 and again in 2007, along with the Teacher of the Year Award, presented by the University of Iowa Family Medicine residents, in 2008. Dr. Wilbur was appointed to the DUR Commission in 2012; his first term will expire in June 2016.

Dr. Ludvigson graduated with distinction from the University of Iowa College of Pharmacy in 2007, and he is kept busy working full-time at three different independent pharmacies: both the Holstein and Cherokee branches of Main Street Pharmacy, and also the Cherokee Mental Health Institute in Cherokee. Additionally, he is employed as a relief pharmacist at the Sioux City Target. This diversity in employment allows him to encounter a variety of prescribers and patients in the Medicaid program, and has resulted in a great deal of experience with the Iowa Medicaid PDL. Dr. Ludvigson was appointed to the DUR Commission in 2012; his first term will expire in June 2016.

Outgoing Members of the DUR Commission

Dr. Sara Schutte-Schenck, D.O., FAAP and Dr. Craig Logemann, R.Ph., Pharm.D., BCPS both recently completed an eight year term of service on the Iowa Drug Utilization Review Commission.

Additionally, Dr. Casey Clor, M.D. has resigned from the Iowa Drug Utilization Review Commission after three years of service.

The Commission and the Department of Human Services wish to thank Dr. Clor, Dr. Schutte-Schenck and Dr. Logemann for their many years of service to the Commission and the members of Iowa Medicaid.

Stimulant Use in Children Less Than Four Years Old

There are several central nervous system agents that are approved by the FDA for the treatment of ADHD. This includes cerebral stimulants (amphetamines and methylphenidate derivatives) and atomoxetine. The stimulants are available in a variety of dosage forms, which primarily differ in their release mechanism and duration of action. Although the exact mechanism in ADHD is unknown, the stimulants are thought to block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extraneuronal space. Due to their potential for abuse, the stimulants are classified as Schedule II controlled substances. Atomoxetine is a selective norepinephrine reuptake inhibitor and it is not a controlled substance.¹

In October 2011, the American Academy of Pediatrics (AAP) updated their clinical practice guideline, *ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents*. The new guideline contains the following recommendations: 1) Evaluation for ADHD for children 4 through 18 years of age (previously children 6 through 12 years of age) who present with academic or behavior problems and symptoms of inattention, hyperactivity, or impulsivity; 2) Determine the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria have been met; 3) Include assessment for other conditions that may coexist with ADHD; and 4) Recognize ADHD is a chronic condition.²

Recommendations for the treatment of ADHD in children and adolescents vary depending on the patient's age. Evidence-based parent- and/or teacher-administered behavior therapy is recommended as first line treatment for patients 4 to 5 years of age (quality of evidence A). Methylphenidate may be prescribed if patient does not show significant improvements with behavior therapy and there is moderate-to-severe continuing disturbance with the patients function. If evidenced based behavioral treatments are not available, the prescriber must weigh the risks of starting medication at an early age versus the harm of delaying diagnosis and treatment (quality of evidence B).²

FDA Approved Age for Stimulant Use¹

Drug Name	FDA Approved Age
Amphetamine-dextroamphetamine (<i>Adderall</i> , <i>Adderall XR</i>)	IR: ≥ 3 years of age XR: ≥ 6 years of age
Atomoxetine (<i>Strattera</i>)	≥ 6 years of age
Dexmethylphenidate (<i>Focalin</i> , <i>Focalin XR</i>)	≥ 6 years of age
Dextroamphetamine (<i>Dexedrine</i> , <i>Dexedrine CR</i>)	IR: ≥ 3 years of age CR: ≥ 6 years of age
Lisdexamfetamine (<i>Vyvanse</i>)	≥ 6 years of age
Methamphetamine (<i>Desoxyn</i>)	≥ 6 years of age
Methylphenidate (<i>Metadate CD</i> , <i>Ritalin LA</i> , <i>Ritalin SR</i> , <i>Ritalin</i> , <i>Concerta</i> , <i>Daytrana</i>)	≥ 6 years of age

References:

1. Micromedex Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed April 2012.
2. American Academy of Pediatrics, Subcommittee on Attention- Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. ADHD: Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*. 2011; 128(5): 1-16.

FDA Update

The U.S. Food and Drug Administration (FDA) issued a reminder to patients, caregivers and healthcare professionals regarding the importance of appropriate storage, use, application, and disposal of fentanyl patches to prevent potential life-threatening harm from accidental exposure to fentanyl.

The FDA notified healthcare professionals of the possible risks when using medications containing aliskiren with angiotensin converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs) in patients with diabetes or renal impairment. These drug combinations are contraindicated in patients with diabetes. In addition, the use of aliskiren with ARBs or ACEIs in patients with moderate to severe renal impairment (GFR < 60 mL/min).

New and Updated Drug Prior Authorization Criteria

Sedative/Hypnotics – Non-Benzodiazepines

Preferred agents are available without Prior Authorization (PA). Although intermittent therapy is recommended, quantity limits will allow 30 tablets per 30 days supply without PA for preferred medications. Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent(s). Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when there is:

1. A diagnosis of chronic insomnia (insomnia lasting ≥ 6 months,
2. Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued,
3. Enforcement of good sleep hygiene is documented.
4. All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses
5. Patient has a documented trial and therapy failure with zaleplon.

Chronic Pain Syndromes

In addition to the current prior authorization criteria, a new diagnosis has been added to the existing criteria:

Chronic musculoskeletal pain (Cymbalta®)

A trial and therapy failure at a therapeutic dose with at least three drugs from three distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.

Ivacaftor (Kalydeco™)

Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

1. Patient is 6 years of age or older; and
2. Has a diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene as detected by an FDA-cleared CF mutation test; and
3. Prescriber is a CF specialist or pulmonologist; and
4. Patient does not have one of the following infections: *Burkholderia cenocepacia*, *dolosa*, or *Mycobacterium abscessus*.

Medicaid Statistics for Prescription Claims

from January 1, 2012 to March 31, 2012*

Number of claims paid: 1,155,117

Average amount paid per claim: \$60.44

Total dollars paid: \$69,078,933.52

Average amount paid per claim, brand: \$221.19

Percent controlled substances: 18.43%

Average Amount paid per claim, generic: \$12.15

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
<i>ProAir HFA</i> \$48.46/RX	<i>Synagis 100mg/ml</i> \$1,897,997 \$2,534.04/RX	Antipsychotics – Atypicals \$13.4 million
Hydrocodone/APAP 5-500 \$4.65/RX	<i>Concerta 36mg</i> \$1,439,383 \$243.92/RX	Stimulants – Amphetamines – Long Acting \$4.9 million
<i>Lexapro 20mg</i> \$111.73/RX	<i>Abilify 5mg</i> \$1,354,567 \$443.68/RX	Stimulants – Methylphenidate-Long Acting \$3.9 million
APAP 325mg \$5.38/RX	<i>Abilify 10mg</i> \$992,847 \$465.69/RX	Anticonvulsants \$3.2 million
<i>Concerta 36mg</i> \$243.92/RX	<i>Concerta 54mg</i> \$949,809 \$215.87/RX	Antidepressants – Selected SSRIs \$3.0 million

*All dollars reported are Pre-Rebate



The Bulletin of Medicaid Drug Utilization Review in Iowa

DUR Commission Members

Larry Ambrosion, R.Ph.
Gregory Barclay, M.D.
Brett Faine, Pharm.D.
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, Pharm.D.
Laurie Pestel, Pharm.D.
Jason Wilbur, M.D.

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
DUR Project Coordinator

Attention Physicians: Are you looking for a new professional opportunity?

The Omnibus Budget Reconciliation Act (OBRA) of 1990 require(s) state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The membership of the DUR Board shall include health care professionals who have recognized knowledge and expertise in one or more of the following: 1) The clinically appropriate prescribing of covered outpatient drugs; 2) The clinically appropriate dispensing and monitoring of covered outpatient drugs; 3) Drug use review, evaluation, and intervention; 4) Medical quality assurance. The goal of the DUR program is to ensure appropriate medication therapy, while permitting appropriate professional judgment to individualize medication therapy.

In Iowa, the DUR Board is referred to as the Iowa Medicaid DUR Commission. The Iowa DUR Commission is comprised of four Iowa Licensed physicians and four Iowa Licensed pharmacists who serve up to two, four-year terms, as well as a representative from the Department of Human Services. The Commission meets on the first Wednesday six months of the year (August, October, December, February, April, June) in Des Moines. Meetings are scheduled from 9:30 a.m. to 1:30 p.m. The Iowa DUR Commission is a recommending body to the Department of Human Services (DHS) on drug therapy including proDUR, drug prior authorization, coverage of medications and administrative and billing procedures.

The DUR Commission is currently seeking a Physician in Family Practice or Internal Medicine who serves Medicaid members to join the committee. Any Physician interested in serving in this capacity should send a resume or curriculum vitae, as well as a letter indicating their interest to Pamela Smith at the address shown below. Candidates that would like more information about the Commission or who would like to speak to a present Commissioner are encouraged to call.

**The deadline for applications is March 30, 2013
Term begins July 1, 2013**

Pamela Smith, R.Ph.
DUR Project Coordinator
Iowa Medicaid Drug Utilization Review Commission
100 Army Post Road
Des Moines, IA 50315
(515) 974-3131
info@iadur.org

Appropriate Use of Second Generation Antipsychotics

There are ten (10) second generation antipsychotics (SGAs) that have been approved by the FDA: aripiprazole, asenapine, clozapine, iloperidone, lurasidone, olanzapine, paliperidone, quetiapine, risperidone and ziprasidone. Off-label use of these agents has been increasing since the introduction of the SGAs in the early 1990s. While these medications have significantly improved the quality of life of many members with schizophrenia and bipolar disorder, there is limited evidence supporting their use off-label. With the use of SGAs come serious side effects (including weight gain, diabetes mellitus, tardive dyskinesia, and extrapyramidal symptoms). Off-label use carries with it a significant risk and cost without demonstrated clinical benefit.

A recent article published in *The American Journal of Managed Care* evaluated the off-label use of antipsychotic medications in the Medicaid population. A retrospective analysis of 2003 data from 42 state Medicaid programs (including Iowa) was conducted to determine how often antipsychotics are prescribed off-label to adults without schizophrenia or bipolar disorder. This study found 57.6% of patients given an antipsychotic had no diagnoses of schizophrenia or bipolar disorder.¹ The rate of off-label use was higher in children/adolescents and the elderly, among those taking risperidone, and among those diagnosed with depression.¹ Since 2003, quetiapine and aripiprazole have received FDA approval for the treatment of major depression while aripiprazole and risperidone have been approved for the treatment of irritability associated with autistic disorder.

The DUR Commission frequently identifies off-label use of SGAs in the review of patient profiles. Given the increased cost to the Iowa Medicaid program, increased risk of serious side effects, and the lack of evidence in using SGAs off-label, the DUR Commission looked at this issue more closely.

Six months of non-reversed, paid pharmacy claims data from February 2012 through July 2012 were reviewed to identify members with a claim for a SGA during the time frame, appropriate diagnosis for use (episodic mood disorders which includes bipolar disorder and major depressive disorder [ICD-9 296], schizophrenic disorders [ICD-9 295], autism spectrum disorder [299, excluding 299.9], and depression [300.4 & 311]), average daily dose and if more than one SGA was being used concurrently (defined as concurrent use for greater than 60 days). The following observations were made:

Members Identified as Having a Claim for a SGA from February 2012 through July 2012 Broken out by Those with and without an Appropriate Diagnosis Including Member Demographics

Age	N of Mbr	Avg Age	Gender		N Mbr w/ Dx	Avg Age	Gender		N Mbr w/o Dx	Avg Age	Gender
<5	46	26	M 7,017		12	29	M 4,869		34	17	M 2,560
5 - 12	2,853				1,244				1,609		
13 - 17	2,919				1,893				1,026		
18 – 64	7,149				6,129				1,020		
65+	53		48		5		F 4,457		F 1,134		
Total	13,020		9,326 (72%)			3,694 (28%)					

Avg = average; Dx = diagnosis; Mbr = members; N = number

Concurrent use of SGAs Number of Second Generation Antipsychotics Utilized Over 6 Months

N SGAs	N Mbr with Diagnosis	N Mbr without Diagnosis
1	7,916	3,433
2	1,277	246
3	118	15
4	14	0
5	1	0

Other Mental Health Diagnoses

Diagnosis (ICD-9)	N Mbr with Diagnosis*	N Mbr without Diagnosis*
Adjustment Reaction (309, excluding 309.81)	1,471	568
Anxiety Disorder (300 excluding 300.4)	4,054	716
Autism Spectrum Disorder (299, excluding 299.9)	1,242	25
Conduct Disorder (309.3, 309.4, 312.0-312.9, 313.3-313.9)	2,880	1,656
Organic Brain Syndrome/Alzheimer Disease (290, 293-294, 331.00, 310)	613	133
Other Psychosis (297-299)	2,120	147
PTSD (309.81)	965	177
Other Mental Disorder (290-319, excluding 305.1 NOS)	2,214	910
No Mental Disorder	0	459

*Not unique members

¹ Am J Manag Care. 2012;18(3):e109-e117

Utilization by SGA and Maximum Dose

Drug	Utilization for Mbr w/ Diagnosis	Utilization for Mbr w/o Diagnosis	Maximum Recommended Daily Dose ²	N of Mbr Exceeding Max Rec. Daily Dose
Aripiprazole (Abilify)	3,171	933	30mg	129
Asenapine (Saphris)	173	11	20mg	23
clozapine	113	6	800mg	9
Iloperidone (Fanapt)	71	13	24mg	2
Lurasidone (Latuda)	97	3	160mg	1
Olanzapine (Zyprexa)	699	140	20mg	138
Paliperidone (Invega)	236	37	12mg	29
Quetiapine (Seroquel)	2,509	612	800mg	111
Risperidone (Risperdal)	3,054	2,109	16mg	1
Ziprasidone (Geodon)	762	106	200mg	46
Total*	10,885	3,970		483

*Not unique members; Mbr = members; N = number

After reviewing the data above, the DUR Commission recommended sending letters to the providers regarding the 459 members that were using a SGA without any mental health diagnosis and to the providers of the members taking two or more SGAs. Results from this educational initiative will be brought back to the DUR Commission in the future.

Updated Drug PA Criteria

Biologicals for Arthritis

Changes are italicized:

Prior authorization is required for biologicals used for arthritis. *Patients initiating therapy with a biological agent must 1) be screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; 2) have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; 3) not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and 4) be screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment. Payment will be considered under the following conditions:*

A diagnosis of rheumatoid arthritis (RA) (*Humira, Enbrel, Actemra, Cimzia, Kineret, Orencia, Remicade, Simponi*)

- A trial and inadequate response to two preferred disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline).
- Upon an unsuccessful methotrexate trial *in patients with established RA*, the combination trial with a second DMARD may be overridden if there is evidence of severe disease documented by radiographic erosions.

A diagnosis of moderate to severe psoriatic arthritis (*Enbrel, Humira, Remicade, Simponi*)

- A trial and inadequate response to the preferred oral DMARD, methotrexate (*leflunomide or sulfasalazine may be used if methotrexate is contraindicated*).

A diagnosis of moderate to severe juvenile idiopathic arthritis (*Enbrel, Humira, Actemra, Orencia*)

- A trial and inadequate response to intraarticular glucocorticoid injections and the preferred oral DMARD, methotrexate (*leflunomide or sulfasalazine may be used if methotrexate is contraindicated*).

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

² Facts & Comparisons [database online]. St. Louis, Mo: Wolters Kluwer Health, Inc: June 2009. Accessed August 6, 2012.

Medicaid Statistics for Prescription Claims
from July 1, 2012 to September 31, 2012*

Number of claims paid: 1,112,766

Average amount paid per claim: \$59.88

Total dollars paid: \$66,627,379.78

Average amount paid per claim, brand: \$238.58

Percent controlled substances: 18.65%

Average Amount paid per claim, generic: \$13.41

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
<i>ProAir HFA</i> \$52.53/RX	<i>Abilify</i> 5mg \$1,455,816 \$466.46/RX	Antipsychotics – Atypicals \$8.8 million
<i>Lexapro</i> 20mg \$126.69/RX	<i>Abilify</i> 10mg \$1,109,286 \$487.81/RX	Stimulants – Amphetamines – Long Acting \$4.5 million
APAP 325mg \$6.50/RX	<i>Lexapro</i> 20mg \$1,075,711 \$126.99/RX	Stimulants – Methylphenidate-Long Acting \$3.4 million
Loratadine 10mg \$9.20/RX	<i>Advate Inj</i> 2000 unit \$878,006 \$97,556.26/RX	Antidepressants – Selected SSRIs \$3.2 million
Hydrocodone/APAP 5-500 \$6.40/RX	<i>Lantus</i> 100/ml \$865,904 \$30.91/RX	Anticonvulsants \$3.2 million

*All dollars reported are Pre-Rebate



***The Bulletin of
Medicaid Drug
Utilization Review
in Iowa***

DUR Commission Members

Larry Ambroson, R.Ph.
Gregory Barclay, M.D.
Brett Faine, Pharm.D.
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, Pharm.D.
Laurie Pestel, Pharm.D.
Jason Wilbur, M.D.

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
DUR Project Coordinator

The use of Benzodiazepines and Opioids with Sleep Apnea

Obstructive sleep apnea (OSA) is a chronic disorder that affects at least 2% to 4% of the adult population.¹ OSA is defined by the occurrence of daytime sleepiness, loud snoring, witnessed breathing interruptions, or awakenings due to gasping or choking in the presence of at least five obstructive respiratory events per hour of sleep.¹ The signs and symptoms of OSA are a result of the derangements that occur due to repetitive collapse of the upper airway.¹ Benzodiazepines are contraindicated in sleep apnea or significant respiratory disease since they can cause respiratory depression. In addition, the risk of sleep apnea increases with the use of opioids. Prescribers should weigh the benefit versus risk of using the combination of benzodiazepines and opioids in a patient with sleep apnea, given the synergistic risk of respiratory depression.

Given the increased risk of using a benzodiazepine in OSA the DUR Commission looked at the data more closely to see if members are at an increased risk of an adverse event.

Analysis: A review of medical claims was conducted to identify Iowa Medicaid members with a diagnosis of sleep apnea. Once identified, three months of non-reversed, paid pharmacy claims data from November 2012 through January 2013 were reviewed to identify members taking a benzodiazepine with a diagnosis of sleep apnea. The following observations were made:

	Number of Members
Unique Members with Sleep Apnea Diagnosis	12,935
Unique members using a Benzodiazepine	2,886
Unique members combining a benzodiazepine and opioid	518

This discussion prompted the DUR Commission to make the recommendation to look at members with a diagnosis of anxiety combining an SSRI or SNRI with a benzodiazepine. If members with an anxiety diagnosis are combining an SSRI or SNRI with a benzodiazepine, letters could be sent to prescribers asking if the benzodiazepine is needed and if the dose of the SSRI or SNRI could be optimized thus eliminating the need for the benzodiazepine. This topic will be discussed at a future DUR meeting.

References

1. Epstein LJ; Kristo D; Strollo PJ; Friedman N; Malhotra A; Patil SP; Ramar K; Rogers R; Schwab RJ; Weaver EM; Weinstein MD. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med* 2009;5(3):263-276.

Duplicate Antidepressants

In the United States, 9% of adults meet the criteria for current depression and 3.4% meet the criteria for major depression based on a survey conducted by the CDC from 2006 through 2008.¹ The major classes of drugs to treat depression are selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), Tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs) and a few drugs with unique modes of action (bupropion, mirtazapine, nefazodone, trazodone).

The goal of treatment of depression should be remission of symptoms. Response to an antidepressant is defined as a 50% reduction in symptoms. In eight-week clinical trials, response rates are typically 50% to 55%, while remission rates are only 35% to 40%.² Therefore, more than half the patients treated with an antidepressant continue to have symptoms. Approaches to achieve response or remission include increasing the dose of the antidepressant, combining antidepressants, or augmentation with a nonantidepressant. Generally, one antidepressant is prescribed initially. If after four weeks there is no response or after six weeks there is a partial response to an antidepressant despite adherence, treatment should be re-evaluated.^{3,4} For those patients showing a partial response, dose optimization should be attempted.⁵ Patients that have shown no response four to eight weeks after dose optimization should be switched to a different antidepressant.⁶

The effectiveness of antidepressant medications is comparable.⁶ Choice of medication should be based on the following: 1) patient preference; 2) nature of prior response to medication; 3) safety, tolerability and anticipated side effects; 4) co-occurring psychiatric or general medical conditions; 5) pharmacological properties of medication (e.g. half-life, drug interactions); and 6) cost.⁶ Advantages of switching antidepressants versus adding a second medication are that switching costs less, and minimizes risk of adverse effects, drug interactions, and nonadherence.¹ Disadvantages of switching antidepressants include possible loss of any partial response from the first drug, occurrence of withdrawal symptoms, and delay in onset of the second drug.³

The DUR commonly observes multiple antidepressant use through profile reviews. Given the increased cost, risk of adverse effects, and drug interactions the DUR Commission looked at this more closely. This topic was initially reviewed at the February 2013 DUR meeting. The DUR recommended sending letters to prescribers of patients combining two or more SSRIs or two or more TCAs. In addition, the DUR requested trazodone be removed from the list of antidepressants as it was thought it was being used for sleep.

Antidepressants used in Data Analysis

SSRI	SNRI	TCA	MAOI	Other
Citalopram	Venlafaxine	Amitriptyline	Phenelzine	Bupropion
Escitalopram	Desvenlafaxine	Amoxapine	Selegiline	Mirtazapine
Fluoxetine	Duloxetine	Clomipramine	Tranylcypromine	Nefazodone
Fluvoxamine	Milnacipran	Desipramine		
Paroxetine		Doxepin		
Sertraline		Imipramine		
Vilazodone		Maprotiline		
		Nortriptyline		
		Protriptyline		
		Trimipramine		

Three months of non-reversed, paid pharmacy claims data from November 2012 through January 2013 were reviewed to identify: 1) the number of unique members combining antidepressants from the same class (MAO Inhibitors, SSRIs, TCAs, SNRIs) for ≥ 60 days, and 2) the number of unique members that were taking three or more antidepressants concurrently from the Antidepressant List (above) for ≥ 60 days. The following observations were made:

Drug Combination	Number of Members	Number of Prescribers
SSRIs (2 or more)	57	76
TCA's (2 or more)	13	15
MAOIs (2 or more)	0	2
MAOI plus SSRI/SNRI or TCA	2	3
SNRIs (2 or more)	17	25
SSRI plus SNRI	169	157
Three or more antidepressants (any mechanism of action)	135	184

References

1. [MMWR Morb Mortal Wkly Rep 2010 Oct 1;59\(38\):1229.](#)
2. Rush AJ, Trivedi MH, Wisniewski SR, et al. Bupropion-SR, sertraline, or venlafaxine-XR after failure of SSRIs for depression. *N Engl J Med* 2006;354:1231-42.
3. Mann JJ. The medical management of depression. *N Engl J Med* 2005;353:1819-34.
4. Marangell LB. Switching antidepressants for treatment-resistant major depression. *J Clin Psychiatry* 2001;62 Suppl 18:12-7.
5. Papakostas GI, Petersen TJ, Green C, et al. A description of next-step switching versus augmentation practices for outpatients with treatment-resistant major depressive disorder enrolled in an academic specialty clinic. *Ann Clin Psychiatry* 2005;17:161-5.
6. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder (3rd Edition). October 2010. <http://www.psych.org/guidelines/mdd2010>. Accessed December 28, 2012.

Updated Drug PA Criteria

ADHD/ADD/Narcolepsy

Changes are italicized:

Prior authorization (PA) is required for ADD/ADHD/Narcolepsy agents for patients 21 years of age or older *under the following conditions:*

1. *Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-IV criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more environments (social, academic, or occupational).*
2. *Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).*
3. *Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.*

Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial of the preferred immediate release and extended release product of the same chemical entity is required.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Medicaid Statistics for Prescription Claims

from October 1, 2012 to December 31, 2012*

Number of claims paid: 1,177,662

Average amount paid per claim: \$58.01

Total dollars paid: \$68,314,527.40

Average amount paid per claim, brand: \$247.33

Percent controlled substances: 18.23%

Average Amount paid per claim, generic: \$13.74

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
<i>ProAir HFA</i> \$52.46/RX	<i>Abilify</i> 5mg \$1,468,317 \$473.50/RX	Antipsychotics – Atypicals \$9.0 million
APAP 325mg \$6.97/RX	Methylphenidate ER 36mg \$1,292,231 \$200.25/RX	Stimulants – Amphetamines – Long Acting \$4.8 million
Loratadine 10mg \$9.42/RX	<i>Novoseven RT Inj</i> 2mg \$952,780 \$105,864/RX	Antihemophilic Agents \$3.9 million
Methylphenidate ER 36mg \$200.25/RX	<i>Abilify</i> 10mg \$1,007,618 \$484.43/RX	Stimulants – Methylphenidate-Long Acting \$3.5 million
Ventolin HFA \$46.37/RX	Methylphenidate ER 54mg \$878,804 \$182.51/RX	Anticonvulsants \$3.1 million

*All dollars reported are Pre-Rebate

Appendix J

Web Site

Agencies

Online Services

Search All of Iowa.gov...

Iowa Medicaid Drug Utilization Review Commission

- DUR Information
- Home
- [Meeting Information](#)
- [Agendas](#)
- [Minutes](#)
- [Newsletters](#)
- [Members](#)
- [Meeting Archive](#)
- [Report Archive](#)
- Mental Health Advisory Group
- [Advisory Group Meeting Information](#)
- [Advisory Group Minutes](#)
- [Advisory Group Agendas](#)
- Contact
- [DUR Commission](#)

Iowa Medicaid Drug Utilization Review Commission

New Public Comment Policy

Data that is to be referenced during the Public Comment period(s) should be limited to published, peer reviewed literature only. "Data on file" and "articles submitted for review" are not considered published, peer reviewed literature and should not be referenced during public testimony.

All referenced data that is to be presented should be submitted to the DUR professional staff electronically to info@iadur.org **AT LEAST ONE WEEK PRIOR TO THE MEETING DATE** for consideration and distribution to the Commission members. **The deadline is 4:30 p.m. CT Wednesday, before the scheduled meeting date.** Anything submitted to the DUR professional staff **after** this deadline will be distributed to the Commission members for the next scheduled DUR meeting.

Recent Site Updates

New [meeting information](#) has been added.

A new [DUR Digest](#) has been added.

DUR Commission Members

- Mark Graber, M.D., FACEP, Chairperson
- Laurie Pestel, Pharm.D., Vice Chairperson
- Larry Ambroson, R.Ph.
- Gregory Barclay, M.D.
- Brian Couse, M.D.
- Brett Faine, Pharm.D.
- Kellen Ludvigson, Pharm.D.
- Susan Parker, Pharm.D.
- Jason Wilbur, M.D.

[More information](#)

Professional Staff

- Pam Smith, R.Ph. - DUR Project Coordinator

[Visitor](#)

Appendix K

Prevalence Reports

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	May/June 2012	July/August 2012	% CHANGE
Total Paid Amount	\$41,865,403	\$40,937,174	-2.2%
Unique Users	152,524	151,920	-0.4%
Cost Per User	\$274.48	\$269.47	-1.8%
Total Prescriptions	651,515.0	658,221.0	1.0%
Average Prescriptions Per User	4.27	4.33	1.4%
Average Cost Per Prescription	\$64.26	\$62.19	-3.2%
# Generic Prescriptions	509,212	518,052	1.7%
% Generic	78.2%	78.7%	0.7%
\$ Generic	\$6,915,383	\$7,061,381	2.1%
Average Generic Prescription Cost	\$13.58	\$13.63	0.4%
Average Days Supply	22	22	0.0%
# Brand Prescriptions	142,303	140,169	-1.5%
% Brand	21.8%	21.3%	-2.5%
\$ Brand	\$34,950,020	\$33,875,793	-3.1%
Average Brand Prescription Cost	\$245.60	\$241.68	-1.6%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	May/June 2012	July/August 2012
0-6	31,684	31,214
7-12	24,201	24,390
13-18	21,369	21,602
19-64	63,573	63,122
65+	11,697	11,592
	152,524	151,920

Utilization by Gender and Age

Gender	Age	May/June 2012	July/August 2012
F			
	0-6	14,874	14,607
	7-12	10,535	10,717
	13-18	11,106	11,425
	19-64	44,835	44,613
	65+	8,641	8,541
		89,991	89,903
M			
	0-6	16,810	16,607
	7-12	13,666	13,673
	13-18	10,263	10,177
	19-64	18,738	18,509
	65+	3,056	3,051
		62,533	62,017

Top 100 Pharmacies by Prescription Count

July/August 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #05239	DAVENPORT	IA	8,787	\$456,307.35	1
2	WALGREEN #04405	COUNCIL BLUFFS	IA	8,631	\$510,753.46	2
3	WALGREEN #05721	DES MOINES	IA	7,239	\$400,263.28	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	6,718	\$147,779.23	4
5	WALGREEN #359	DES MOINES	IA	5,773	\$323,253.14	5
6	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,567	\$153,102.35	10
7	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,517	\$239,614.50	6
8	WALGREEN COMPANY 07455	WATERLOO	IA	5,463	\$241,317.45	8
9	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,319	\$246,466.21	11
10	WALGREEN #910	SIOUX CITY	IA	5,232	\$276,601.93	9
11	WALGREENS #07453	DES MOINES	IA	5,179	\$296,249.52	7
12	WALGREEN #05362	DES MOINES	IA	4,997	\$258,295.57	12
13	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,952	\$247,012.56	13
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	3,969	\$256,305.25	14
15	WALGREEN #05852	DES MOINES	IA	3,865	\$171,465.66	17
16	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,854	\$122,370.64	15
17	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,719	\$219,632.00	20
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,674	\$227,158.66	16
19	WALGREEN #04041	DAVENPORT	IA	3,623	\$187,429.78	19
20	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,615	\$179,774.61	18
21	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,424	\$185,395.23	26
22	WALGREEN #11709	DAVENPORT	IA	3,404	\$172,062.99	21
23	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,328	\$114,511.61	25
24	WALGREEN COMPANY 05777	DES MOINES	IA	3,313	\$156,062.42	22
25	RASHID PHARMACY PLC	FORT MADISON	IA	3,266	\$188,863.09	24
26	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,216	\$182,477.34	23
27	WALGREEN #03595	DAVENPORT	IA	3,000	\$163,805.55	28
28	MAHASKA DRUG INC	OSKALOOSA	IA	2,954	\$162,687.39	27
29	WALGREEN #05044	BURLINGTON	IA	2,895	\$131,196.64	35
30	WALGREENS #05119	CLINTON	IA	2,846	\$138,918.45	30
31	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,838	\$204,976.30	31
32	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,812	\$165,410.14	29
33	WALGREENS #10855	WATERLOO	IA	2,806	\$133,411.97	34
34	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,751	\$137,159.90	33
35	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,682	\$141,296.50	40
36	WALGREEN #7452	DES MOINES	IA	2,600	\$123,428.52	39
37	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,585	\$182,332.79	42

38	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,548	\$151,714.05	38
39	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,501	\$172,182.32	32
40	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,500	\$114,622.42	37
41	MERCY CAREMOR	DUBUQUE	IA	2,385	\$61,112.33	41
42	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,379	\$110,446.93	36
43	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,328	\$117,035.06	45
44	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,325	\$126,084.53	44
45	WALGREENS #09476	BURLINGTON	IA	2,275	\$125,176.90	48
46	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,252	\$120,648.01	49
47	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,246	\$145,163.28	47
48	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,179	\$87,435.56	58
49	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,166	\$103,865.19	46
50	MERWIN LTC PHARMACY	ANKENY	IA	2,138	\$109,704.03	65
51	DANIEL PHARMACY INC	FORT DODGE	IA	2,132	\$104,394.37	53
52	WALGREEN #05361	FORT DODGE	IA	2,117	\$113,150.86	51
53	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,095	\$122,457.28	61
54	WALGREEN #09708	DUBUQUE	IA	2,084	\$96,179.82	71
55	WALGREENS 07968	DES MOINES	IA	2,070	\$114,275.33	52
56	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	2,069	\$97,512.70	54
57	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,032	\$104,064.92	60
58	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	2,010	\$120,325.26	43
59	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,994	\$117,236.14	63
60	WALGREEN #05886	KEOKUK	IA	1,975	\$93,265.89	57
61	WALGREEN #05077	IOWA CITY	IA	1,964	\$96,165.88	66
62	WALGREENS #11942	DUBUQUE	IA	1,949	\$123,031.93	56
63	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,935	\$258,602.63	50
64	HY-VEE PHARMACY 1071	CLARINDA	IA	1,931	\$89,142.23	76
65	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,928	\$92,498.40	67
66	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,922	\$103,984.62	86
67	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,908	\$107,839.61	55
68	SCOTT PHARMACY INC	FAYETTE	IA	1,901	\$80,200.68	69
69	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,896	\$101,278.23	59
70	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,890	\$57,646.20	68
71	WALGREEN #4714	DES MOINES	IA	1,882	\$101,109.03	70
72	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	1,881	\$84,414.10	73
73	WALGREEN #03196	MARSHALLTOWN	IA	1,853	\$106,580.74	64
74	WALGREEN #05942	NEWTON	IA	1,824	\$98,260.14	90
75	HAMMER PHARMACY	DES MOINES	IA	1,821	\$117,288.56	74
76	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,808	\$91,128.91	80
77	WAGNER PHARMACY	CLINTON	IA	1,791	\$121,953.34	75
78	WALGREEN COMPANY #05941	MASON CITY	IA	1,789	\$103,697.96	72
79	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,786	\$104,152.85	85

81	FIFIELD PHARMACY	DES MOINES	IA	1,784	\$89,046.03	81
80	HY VEE PHARMACY #1449	NEWTON	IA	1,784	\$99,764.26	83
82	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,752	\$90,674.36	94
83	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,742	\$89,073.43	87
84	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,729	\$98,755.68	96
85	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,704	\$105,539.60	92
86	WALGREENS #03876	MARION	IA	1,680	\$97,310.73	100
87	HY-VEE PHARMACY (1075)	CLINTON	IA	1,670	\$100,057.11	93
88	LA GRANGE PHARMACY INC	VINTON	IA	1,668	\$86,083.76	78
89	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,662	\$74,731.65	84
90	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,656	\$98,355.79	77
91	WALGREEN COMPANY DBA	OTTUMWA	IA	1,640	\$86,716.16	95
92	GREENWOOD DRUG INC	WATERLOO	IA	1,629	\$115,020.44	106
93	HY-VEE PHARMACY (1522)	PERRY	IA	1,623	\$81,961.74	98
94	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	1,620	\$44,478.63	79
95	WALGREEN #07454	ANKENY	IA	1,609	\$96,393.24	105
96	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,605	\$108,716.18	91
97	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,604	\$101,283.66	112
98	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,587	\$118,290.31	111
99	RELIANT LONG TERM CARE	WASHINGTON	IA	1,574	\$25,678.38	82
100	TOWNCREST PHARMACY	IOWA CITY	IA	1,565	\$78,044.15	108

Top 100 Pharmacies by Paid Amount July/August 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	ARJ INFUSION SERVICES INC	LENEXA	KS	5	\$932,129.17	1
2	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	26	\$591,073.44	4
3	WALGREEN #04405	COUNCIL BLUFFS	IA	8,631	\$510,753.46	2
4	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	185	\$494,993.45	5
5	WALGREEN #05239	DAVENPORT	IA	8,787	\$456,307.35	3
6	WALGREEN #05721	DES MOINES	IA	7,239	\$400,263.28	6
7	WALGREEN #359	DES MOINES	IA	5,773	\$323,253.14	8
8	WALGREENS #07453	DES MOINES	IA	5,179	\$296,249.52	10
9	CURASCRIP PHARMACY INC	ORLANDO	FL	37	\$284,602.95	7
10	WALGREEN #910	SIOUX CITY	IA	5,232	\$276,601.93	9
11	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,935	\$258,602.63	11
12	WALGREEN #05362	DES MOINES	IA	4,997	\$258,295.57	17
13	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	3,969	\$256,305.25	15
14	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	68	\$251,073.96	16
15	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,952	\$247,012.56	19
16	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,319	\$246,466.21	13
17	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	33	\$245,679.13	18
18	WALGREEN COMPANY 07455	WATERLOO	IA	5,463	\$241,317.45	23
19	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,517	\$239,614.50	21
20	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	7	\$234,873.33	14
21	MEDFUSION RX LLC	FRANKLIN	TN	77	\$234,753.97	29
22	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,674	\$227,158.66	20
23	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,719	\$219,632.00	22
24	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,838	\$204,976.30	24
25	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,042	\$189,487.40	27
26	RASHID PHARMACY PLC	FORT MADISON	IA	3,266	\$188,863.09	33
27	WALGREEN #04041	DAVENPORT	IA	3,623	\$187,429.78	30
28	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,424	\$185,395.23	36
29	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,216	\$182,477.34	25
30	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,585	\$182,332.79	28
31	WALGREENS INFUSION SERVICES	OMAHA	NE	54	\$180,370.17	52

32	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,615	\$179,774.61	31
33	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,501	\$172,182.32	26
34	WALGREEN #11709	DAVENPORT	IA	3,404	\$172,062.99	34
35	WALGREEN #05852	DES MOINES	IA	3,865	\$171,465.66	32
36	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,812	\$165,410.14	37
37	WALGREEN #03595	DAVENPORT	IA	3,000	\$163,805.55	40
38	MAHASKA DRUG INC	OSKALOOSA	IA	2,954	\$162,687.39	39
39	WALGREEN COMPANY 05777	DES MOINES	IA	3,313	\$156,062.42	45
40	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,567	\$153,102.35	41
41	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,548	\$151,714.05	43
42	MARTIN HEALTH SERVICES INC	DENVER	IA	6,718	\$147,779.23	35
43	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	41	\$145,319.88	46
44	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,246	\$145,163.28	42
45	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,682	\$141,296.50	51
46	WALGREENS #05119	CLINTON	IA	2,846	\$138,918.45	49
47	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	28	\$137,669.43	124
48	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,751	\$137,159.90	55
49	US BIOSERVICE CORPORATION	FRISCO	TX	44	\$135,969.43	38
50	WALGREENS #10855	WATERLOO	IA	2,806	\$133,411.97	56
51	HY-VEE PHARMACY 1382	LE MARS	IA	1,528	\$133,232.80	47
52	WALGREEN #05044	BURLINGTON	IA	2,895	\$131,196.64	68
53	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,325	\$126,084.53	65
54	WALGREENS #09476	BURLINGTON	IA	2,275	\$125,176.90	81
55	WALGREEN #7452	DES MOINES	IA	2,600	\$123,428.52	64
56	WALGREENS #11942	DUBUQUE	IA	1,949	\$123,031.93	54
57	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,095	\$122,457.28	74
58	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,854	\$122,370.64	53
59	WAGNER PHARMACY	CLINTON	IA	1,791	\$121,953.34	66
60	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,252	\$120,648.01	69
61	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	2,010	\$120,325.26	48
62	AXELACARE HEALTH SOLUTIONS LLC	LENEXA	KS	6	\$120,233.62	281
63	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,587	\$118,290.31	73
64	HAMMER PHARMACY	DES MOINES	IA	1,821	\$117,288.56	50
65	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,994	\$117,236.14	63
66	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,328	\$117,035.06	62
67	GREENWOOD DRUG INC	WATERLOO	IA	1,629	\$115,020.44	67
68	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,500	\$114,622.42	61

69	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,328	\$114,511.61	76
70	WALGREENS 07968	DES MOINES	IA	2,070	\$114,275.33	77
71	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	1,454	\$114,079.68	84
72	WALGREEN #05361	FORT DODGE	IA	2,117	\$113,150.86	60
73	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,379	\$110,446.93	44
74	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,564	\$109,728.51	91
75	MERWIN LTC PHARMACY	ANKENY	IA	2,138	\$109,704.03	93
76	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,605	\$108,716.18	82
77	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,908	\$107,839.61	58
78	WALGREEN #03196	MARSHALLTOWN	IA	1,853	\$106,580.74	71
79	HY VEE DRUGSTORE 7007-039	AMES	IA	1,326	\$106,177.31	83
80	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,704	\$105,539.60	59
81	DANIEL PHARMACY INC	FORT DODGE	IA	2,132	\$104,394.37	80
82	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,786	\$104,152.85	75
83	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,032	\$104,064.92	94
84	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,922	\$103,984.62	104
85	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,166	\$103,865.19	88
86	WALGREEN COMPANY #05941	MASON CITY	IA	1,789	\$103,697.96	89
87	WAL-MART PHARMACY 10-5315	LAKE MARY	FL	24	\$103,318.93	90
88	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,604	\$101,283.66	103
89	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,896	\$101,278.23	57
90	WALGREENS 11153	SPENCER	IA	1,397	\$101,195.95	70
91	WALGREEN #4714	DES MOINES	IA	1,882	\$101,109.03	92
92	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,548	\$100,238.19	87
93	HY-VEE PHARMACY (1075)	CLINTON	IA	1,670	\$100,057.11	96
94	HY VEE PHARMACY #1449	NEWTON	IA	1,784	\$99,764.26	113
95	WALGREENS #07833	DES MOINES	IA	1,430	\$99,470.70	110
96	AMBER PHARMACY	OMAHA	NE	136	\$99,347.47	12
97	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,729	\$98,755.68	106
98	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,656	\$98,355.79	86
99	WALGREEN #05942	NEWTON	IA	1,824	\$98,260.14	105
100	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	2,069	\$97,512.70	122

Top 100 Prescribing Providers by Prescription Count

July/August 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA ALI HAMDAN MD	\$189,210.49	2,016	1
2	ROY W OVERTON III DO	\$57,159.45	1,742	2
3	LARRY RICHARDS DO	\$164,042.15	1,714	5
4	MARVIN F PIBURN JR	\$119,045.53	1,641	4
5	BOBBITA NAG	\$159,525.46	1,588	6
6	SARAH A JUSTMANN ARNP	\$112,263.07	1,548	3
7	QAZI UMAR JAVED MD	\$120,003.44	1,469	7
8	J PATRICK BERTROCHE DO	\$153,413.60	1,327	9
9	KATHLEEN L WILD ARNP	\$119,935.46	1,299	11
10	BRYANT MUTCHLER DO	\$45,382.10	1,265	13
11	SRIRAMAMURTHY RAVIPATI MD	\$112,413.12	1,245	12
12	KEVIN JOHN TOOK MD	\$160,932.45	1,194	10
13	CAROL D AUNAN ARNP	\$96,457.90	1,167	14
14	MARTIN J FIALKOV MD	\$96,012.69	1,161	18
15	KENT ELDON KUNZE MD	\$121,867.92	1,132	8
16	ALI SAFDAR MD	\$61,162.73	1,130	22
17	RAHUL BANSAL MD	\$102,437.89	1,115	31
18	DENNIS S JONES MD	\$64,076.83	1,111	62
19	RAY C STURDEVANT MD	\$106,152.22	1,106	21
20	JOADA BEST ARNP	\$110,623.08	1,089	23
21	JEFFREY D WILHARM MD	\$71,289.56	1,089	15
22	E RICHARD NIGHTINGALE III MD	\$104,953.70	1,052	16
23	KATHRYN ENZLER, PA	\$37,746.58	1,021	17
24	REBECCA J WOLFE	\$72,378.89	1,015	28
25	WILLIAM MYRON NISSEN MD	\$71,086.67	1,013	19
26	MONTE BERNHAGEN MD	\$98,999.51	1,008	24
27	ALLYSON L WHEATON MD	\$92,460.93	990	50
28	TODD KENT POGUE DO	\$72,701.53	988	30
29	RONALD BRINK, MD	\$109,784.82	973	26
30	CYD Q GRAFFT ARNP	\$72,939.75	971	38
31	RANDALL KAVALIER DO	\$88,236.89	947	20
32	DENNIS MILLER DO	\$37,120.60	933	45

33	THOMAS C PIEKENBROCK MD	\$47,212.54	925	36
34	JAMES BROOKS MD	\$92,725.83	899	47
35	PETER JOSEPH SZEIBEL MD	\$85,656.17	876	34
36	CAROL SCHMIDT ARNP	\$44,721.76	871	25
37	CHRISTOPHER GENE OKIISHI MD	\$75,369.65	861	49
38	WILSON L DAVIS MD	\$23,365.62	848	29
39	RANDY R ROBINSON MD	\$39,804.09	847	44
40	REBECCA WALDING ARNP	\$71,420.71	835	74
41	CASIE RINEY, PAC	\$76,769.91	834	117
42	BJIRO VIVIAN AGBORO-IDAHOA MD	\$78,971.75	822	41
43	PAUL DENNIS PETERSON DO	\$44,053.12	819	65
44	KEVIN WILLIAM BLECHLE DO	\$28,105.08	815	71
45	RICHARD J KOZENY	\$37,299.78	806	46
46	RAJNI BATRA MD	\$28,927.94	798	37
47	DAVID WENGER-KELLER MD	\$36,751.93	797	43
48	LAURA M VAN CLEVE DO	\$68,826.62	795	66
49	ANDREA BETH HEMESATH ARNP	\$48,032.50	795	92
50	DAVID M CRAVEN MD	\$36,545.26	787	27
51	MARY C SEGRETO DO	\$107,791.84	775	76
52	ROBERT D CONNER JR DO	\$23,823.22	764	72
53	ODUAH DANIEL OSARO MD	\$76,220.83	764	55
54	KIMBERLY A THOMPSON DO	\$36,791.12	764	40
56	FREDERICK C ALDRICH MD	\$23,081.00	761	103
57	KRISHNA POOJAPPA MURTHY MD	\$67,473.79	761	42
55	SANG O LEE MD	\$38,599.37	761	161
59	SHARON DUCLOS	\$35,657.77	759	63
58	WILLI MARTENS MD	\$32,234.53	759	52
60	DOUGLAS HOWARD JONES MD	\$72,428.56	758	64
61	ALBERT OKINE, PAC	\$74,681.92	755	58
62	KATHLEEN S ADAMS ARNP	\$102,508.15	752	57
63	KIRAN BHASKAR KHANOLKAR MD	\$30,179.78	744	67
64	ADIB KASSAS MD	\$44,540.83	742	53
65	JIMMY RAE MASCARO DO	\$65,675.54	741	94
66	CARLA K ABEL-ZIEG ARNP	\$73,324.37	740	70
67	DAVID V GIERLUS DO	\$32,360.48	739	33
68	THOMAS SCOTT HOPKINS DO	\$71,163.97	739	60

70	TIMOTHY W SWINTON MD	\$29,817.00	738	84
69	SHAWN DENNIS JONES MD	\$57,362.06	738	32
71	FRANK L BABCOCK, MD	\$59,614.56	735	51
72	WILLIAM EARL HOWARD DO	\$41,117.26	721	104
73	CHRISTEL L SEEMANN DO	\$31,328.06	717	56
74	DEBRA ANN STUDER DO	\$14,331.79	713	75
75	JOSEPH M WANZEK	\$36,498.17	712	113
77	ROBERT MARVIN KENT MD	\$29,799.81	710	86
76	RONALD WILLIAM GRAEFF MD	\$59,685.48	710	54
78	LEANNE MOREY, PAC	\$82,764.81	705	59
79	DAVID M CRIPPIN MD	\$32,877.97	702	77
80	MAEN MUSA HADDADIN MD	\$24,973.54	693	61
81	PAULA JEAN CURRAN ARNP	\$40,563.26	692	93
84	DUSTIN RALPH SMITH MD	\$35,620.13	683	68
82	RODNEY DEAN MD	\$69,201.80	683	85
83	CHRISTIAN W JONES MD	\$34,114.34	683	87
85	ANNE LASH ARNP	\$79,588.49	677	35
86	LISA JAYNE MENZIES MD	\$141,189.08	676	81
88	ISAM ELIAS MARAR MD	\$39,047.59	675	89
87	CRAIG N SEAMANDS MD	\$44,660.39	675	91
89	HAMID REZA SAGHA MD	\$15,984.19	669	105
90	JAFFAR ALI SHAIKH MD	\$41,097.18	668	48
91	SARAH L BEATTIE	\$65,187.24	661	79
92	JASON EKWENA MD	\$9,108.71	659	128
93	CINDY GOSHORN ARNP	\$53,370.62	658	172
95	MICHAEL LEE EGGER MD	\$58,176.33	657	90
94	JERRY WILLE MD	\$27,896.58	657	82
96	ERIN VOYLES HATCHER	\$75,635.82	652	110
97	LOUIS PASQUALE GERBINO MD	\$58,880.87	647	95
98	DANIEL JOSEPH ARNOLD DO	\$27,584.53	646	80
99	JERROLD V FLATT DO	\$22,092.99	645	147
100	TRUCE Taneo ORDONA MD	\$47,489.48	642	97

Top 100 Prescribing Providers by Paid Amount
July/August 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	ROLLA F ABU-ARJA MD	\$913,376.66	4	1
2	JANICE MARIE ROSE STABER MD	\$820,796.45	50	2
3	VILMARIE RODRIGUEZ-PADUA MD	\$209,206.13	7	13
4	GHADA ALI HAMDAN MD	\$189,210.49	2,016	3
5	STEVEN LENTZ MD	\$182,462.13	13	9
6	LARRY RICHARDS DO	\$164,042.15	1,714	7
7	KEVIN JOHN TOOK MD	\$160,932.45	1,194	4
8	BOBBITA NAG	\$159,525.46	1,588	6
9	J PATRICK BERTROCHE DO	\$153,413.60	1,327	5
10	LISA JAYNE MENZIES MD	\$141,189.08	676	14
11	JENNIFER S COOK MD	\$135,233.73	543	20
12	LIEM-SOM OEI MD	\$124,317.24	71	81
13	KENT ELDON KUNZE MD	\$121,867.92	1,132	8
14	QAZI UMAR JAVED MD	\$120,003.44	1,469	12
15	KATHLEEN L WILD ARNP	\$119,935.46	1,299	16
16	MARVIN F PIBURN JR	\$119,045.53	1,641	15
17	SRIRAMAMURTHY RAVIPATI MD	\$112,413.12	1,245	11
18	SARAH A JUSTMANN ARNP	\$112,263.07	1,548	10
19	JOADA BEST ARNP	\$110,623.08	1,089	26
20	RONALD BRINK, MD	\$109,784.82	973	23
21	EVA TSALIKIAN MD	\$108,774.92	153	37
22	DAVID YURDIN, PA	\$108,767.34	430	27
23	STEVEN P JOYCE MD	\$108,456.89	279	25
24	LIUSKA MARIA PESCE	\$107,994.20	228	29
25	MARY C SEGRETO DO	\$107,791.84	775	24
26	RAY C STURDEVANT MD	\$106,152.22	1,106	31
27	E RICHARD NIGHTINGALE III MD	\$104,953.70	1,052	18
28	KATHLEEN S ADAMS ARNP	\$102,508.15	752	22
29	RAHUL BANSAL MD	\$102,437.89	1,115	50
30	MONTE BERNHAGEN MD	\$98,999.51	1,008	19
31	CAROL D AUNAN ARNP	\$96,457.90	1,167	21
32	MARTIN J FIALKOV MD	\$96,012.69	1,161	34
33	BRUCE L HUGHES MD	\$94,628.61	101	17
34	JAMES BROOKS MD	\$92,725.83	899	36
35	ALLYSON L WHEATON MD	\$92,460.93	990	45
36	MARC C PATTERSON MD	\$89,372.57	52	42
37	RANDALL KAVALIER DO	\$88,236.89	947	28
38	PETER JOSEPH SZEIBEL MD	\$85,656.17	876	35
39	RICARDO RENE FLORES MD	\$84,027.94	191	95
40	LEANNE MOREY, PAC	\$82,764.81	705	33
41	JUDITH A MILLER ARNP	\$81,903.31	16	44

42	ANNE LASH ARNP	\$79,588.49	677	32
43	BJIRO VIVIAN AGBORO-IDAHO MD	\$78,971.75	822	54
44	CASIE RINEY, PAC	\$76,769.91	834	89
45	DANIEL M SLEITER ARNP	\$76,357.56	126	75
46	ODUAH DANIEL OSARO MD	\$76,220.83	764	69
47	ERIN VOYLES HATCHER	\$75,635.82	652	43
48	CHRISTOPHER GENE OKIISHI MD	\$75,369.65	861	77
49	DEANNA BOOK BOESEN MD	\$74,737.47	591	62
50	ALBERT OKINE, PAC	\$74,681.92	755	49
51	CARLA K ABEL-ZIEG ARNP	\$73,324.37	740	65
52	CYD Q GRAFFT ARNP	\$72,939.75	971	76
53	TODD KENT POGUE DO	\$72,701.53	988	63
54	JULIE K OSTERHAUS ARNP	\$72,561.99	257	71
55	DOUGLAS HOWARD JONES MD	\$72,428.56	758	48
56	REBECCA J WOLFE	\$72,378.89	1,015	78
57	REBECCA WALDING ARNP	\$71,420.71	835	57
58	JEFFREY D WILHARM MD	\$71,289.56	1,089	39
59	THOMAS SCOTT HOPKINS DO	\$71,163.97	739	68
60	WILLIAM MYRON NISSEN MD	\$71,086.67	1,013	52
61	ANTHONY G ZAMUDIO ARNP	\$70,842.46	523	53
62	MARY W NIXON ARNP	\$70,720.91	634	59
63	LEENU MISHRA MD	\$69,710.62	618	80
64	RODNEY DEAN MD	\$69,201.80	683	66
65	LAURA M VAN CLEVE DO	\$68,826.62	795	86
66	KRISHNA POOJAPPA MURTHY MD	\$67,473.79	761	41
67	JIMMY RAE MASCARO DO	\$65,675.54	741	60
68	SARAH L BEATTIE	\$65,187.24	661	67
69	DENNIS S JONES MD	\$64,076.83	1,111	133
70	SHERRY DIANNE DEKEYSER MD	\$63,181.02	521	88
71	WENDY ANNE WALDMAN MD	\$61,591.54	309	102
72	ALI SAFDAR MD	\$61,162.73	1,130	38
73	RONALD WILLIAM GRAEFF MD	\$59,685.48	710	79
74	FRANK L BABCOCK, MD	\$59,614.56	735	82
75	LOUIS PASQUALE GERBINO MD	\$58,880.87	647	73
76	KELLY JEAN SEILER MD	\$58,711.38	154	147
77	EDWARD G NASSIF MD	\$58,453.16	493	87
78	MICHAEL LEE EGGER MD	\$58,176.33	657	74
79	SHAWN DENNIS JONES MD	\$57,362.06	738	70
80	ROY W OVERTON III DO	\$57,159.45	1,742	84
81	CHRISTOPHER D TUMPKIN MD	\$57,082.07	273	101
82	LAURIE WARREN	\$56,779.68	546	51
83	BORIANA SVEJINOVA KAMENOVA MD	\$56,771.28	26	127
84	ELIZABETH LUCILLE DOWD ARNP	\$56,766.74	236	154
85	DAVID B MOORE, M.D.	\$56,597.40	274	108
86	DUANGCHAI NARAWONG MD	\$56,441.94	550	97
87	MATT D EGGERS MD	\$55,987.84	510	64

88	KATHLEEN GRIFFITH, ARNP, PMHNP-BC	\$55,955.41	443	112
89	STEFANIE RENEE YEARIAN ARNP	\$55,682.32	632	91
90	DANIEL LAMPTEY MD	\$54,008.88	27	232
91	MARK WILLIAM KARWAL MD	\$53,428.54	42	249
92	CINDY GOSHORN ARNP	\$53,370.62	658	98
93	DANIEL EDWARD WESEMANN ARNP	\$53,232.43	523	104
94	MISHELLE LYN PAULLUS ARNP	\$52,984.30	85	119
95	RICHARD AHRENS MD	\$52,802.76	36	115
96	CHARUTA NARAYAN JOSHI MD	\$52,784.36	321	124
97	FARRAH MARIE HASSEBROEK	\$52,486.20	435	105
98	SIF HANSDOTTIR MD	\$52,478.41	17	123
99	HIEDI STJARNA LANE ARNP	\$52,303.29	553	61
100	SUSAN SMITH, ARNP PMHCNS-BC	\$52,106.95	427	100

Top 20 Therapeutic Class by Paid Amount

Category Description	May/June 2012	Rank	% Budget	July/August 2012	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$7,197,713	1	17.2%	\$5,394,129	1	13.2%	-25.1%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,726,436	2	6.5%	\$2,718,026	2	6.6%	-0.3%
ANTIHEMOPHILIC AGENTS	\$1,837,634	4	4.4%	\$2,224,306	3	5.4%	21.0%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,210,784	3	5.3%	\$2,062,573	4	5.0%	-6.7%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,819,470	5	4.3%	\$1,942,238	5	4.7%	6.7%
ANTICONVULSANTS	\$1,816,203	6	4.3%	\$1,850,327	6	4.5%	1.9%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,685,386	7	4.0%	\$1,727,380	7	4.2%	2.5%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,115,477	8	2.7%	\$1,163,251	8	2.8%	4.3%
DIABETIC - INSULIN	\$1,084,065	9	2.6%	\$1,127,165	9	2.8%	4.0%
STIMULANTS - METHYLPHENIDATE	\$930,364	10	2.2%	\$929,515	10	2.3%	-0.1%
ANTIASTHMATIC - BETA - ADRENERGICS	\$756,103	11	1.8%	\$890,110	11	2.2%	17.7%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$751,552	12	1.8%	\$776,483	12	1.9%	3.3%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$720,176	13	1.7%	\$750,745	13	1.8%	4.2%
MULTIPLE SCLEROSIS AGENTS	\$650,073	14	1.6%	\$686,694	14	1.7%	5.6%
ANTIASTHMATIC - STEROID INHALANTS	\$630,171	15	1.5%	\$671,516	15	1.6%	6.6%
GROWTH HORMONE	\$565,476	16	1.4%	\$624,925	16	1.5%	10.5%
NARCOTICS - MISC.	\$488,702	18	1.2%	\$504,109	17	1.2%	3.2%
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	\$311,080	24	0.7%	\$388,117	18	0.9%	24.8%
DIABETIC - INSULIN PENFILLS	\$366,439	20	0.9%	\$377,763	19	0.9%	3.1%
NARCOTICS-LONG ACTING	\$380,353	19	0.9%	\$372,204	20	0.9%	-2.1%

Top 20 Therapeutic Class by Prescription Count

Category Description	May/June 2012	Prev Rank	July/August 2012	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	50,580	1	50,841	1	0.52%
ANTICONVULSANTS	35,006	2	35,796	2	2.26%
ANXIOLYTICS - BENZODIAZEPINES	30,725	4	31,119	3	1.28%
NARCOTICS - MISC.	30,889	3	30,713	4	-0.57%
ANTIPSYCHOTICS - ATYPICALS	24,678	5	24,784	5	0.43%
ANALGESICS - MISC.	24,664	6	24,680	6	0.06%
ANTI HISTAMINES - NON-SEDATING	20,580	7	20,350	7	-1.12%
ANTI ASTHMATIC - BETA - ADRENERGICS	17,305	9	19,738	8	14.06%
BETA-LACTAMS / CLAVULANATE COMBO'S	18,752	8	18,082	9	-3.57%
STIMULANTS - AMPHETAMINES - LONG ACTING	15,175	10	14,942	10	-1.54%
ANTI HYPERTENSIVES - CENTRAL	13,343	11	13,911	11	4.26%
NSAIDS	11,802	13	12,022	12	1.86%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	12,332	12	11,608	13	-5.87%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	10,939	15	10,940	14	0.01%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,756	16	10,856	15	0.93%
ANTI ASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,338	17	10,600	16	2.53%
CEPHALOSPORINS	11,237	14	10,456	17	-6.95%
GI - H2-ANTAGONISTS	10,129	18	10,261	18	1.30%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	9,755	19	9,637	19	-1.21%
STIMULANTS - METHYLPHENIDATE	9,212	21	9,193	20	-0.21%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount May/June 2012	Paid Amount July/August 2012	Percent Change
ABILIFY	\$3,312,004.97	\$3,350,105.32	1.15%
SINGULAIR	\$1,684,258.81	\$1,723,870.59	2.35%
VYVANSE	\$1,606,733.17	\$1,602,914.60	-0.24%
ADVATE	\$1,259,124.77	\$1,448,380.69	15.03%
CONCERTA	\$1,987,372.15	\$1,006,036.45	-49.38%
ADDERALL XR	\$985,962.13	\$894,899.66	-9.24%
METHYLPHENIDATE HCL ER	\$32,132.96	\$870,265.03	2,608.33%
FOCALIN XR	\$776,591.92	\$767,933.33	-1.11%
LEXAPRO	\$627,885.26	\$690,227.28	9.93%
CYMBALTA	\$598,769.53	\$660,902.30	10.38%
ADVAIR DISKUS	\$596,499.40	\$620,311.92	3.99%
GEODON	\$610,738.33	\$596,925.57	-2.26%
LANTUS	\$527,449.69	\$548,860.28	4.06%
STRATTERA	\$499,033.63	\$520,029.59	4.21%
PROAIR HFA	\$378,463.15	\$473,810.49	25.19%
LIPITOR	\$398,000.87	\$383,144.58	-3.73%
SPIRIVA HANDIHALER	\$307,670.42	\$313,941.64	2.04%
NOVOLOG	\$274,474.02	\$299,580.15	9.15%
COPAXONE	\$241,949.38	\$285,765.80	18.11%
GENOTROPIN	\$230,920.77	\$281,994.14	22.12%
AMPHETAMINE/DEXTROAMPHETA	\$199,255.44	\$280,313.42	40.68%
LOVENOX	\$216,466.17	\$258,867.44	19.59%
RISPERDAL CONSTA	\$253,129.97	\$256,078.71	1.16%
VALTREX	\$261,845.06	\$251,111.17	-4.10%
PULMICORT	\$231,571.49	\$239,212.01	3.30%
HYDROCODONE/ACETAMINOPHEI	\$234,449.14	\$237,069.99	1.12%
CRESTOR	\$209,755.96	\$226,216.40	7.85%
BENEFIX	\$192,808.26	\$222,866.73	15.59%
COMBIVENT	\$213,163.86	\$210,855.74	-1.08%
TRICOR	\$209,531.65	\$207,215.28	-1.11%
INVEGA	\$207,889.84	\$205,188.22	-1.30%
INVEGA SUSTENNA	\$183,096.66	\$203,525.73	11.16%
NASONEX	\$187,741.64	\$197,141.29	5.01%
SYMBICORT	\$179,517.22	\$196,610.10	9.52%
ACTOS	\$182,892.86	\$192,755.70	5.39%
FLOVENT HFA	\$183,538.79	\$191,312.80	4.24%

AZITHROMYCIN	\$203,787.13	\$190,060.99	-6.74%
VENTOLIN HFA	\$144,827.25	\$170,156.56	17.49%
DEXILANT	\$149,167.35	\$160,972.07	7.91%
VESICARE	\$142,522.65	\$151,906.39	6.58%
ENBREL SURECLICK	\$146,807.27	\$150,856.45	2.76%
HUMALOG	\$161,033.83	\$150,357.75	-6.63%
QVAR	\$134,548.51	\$146,367.46	8.78%
QUETIAPINE FUMARATE	\$171,999.09	\$144,871.66	-15.77%
ENBREL	\$147,002.53	\$140,109.13	-4.69%
HUMIRA PEN	\$120,542.91	\$139,780.67	15.96%
REBIF	\$132,116.49	\$138,661.75	4.95%
TOBI	\$103,846.60	\$134,420.83	29.44%
PULMOZYME	\$120,580.24	\$133,359.16	10.60%
CEFDINIR	\$146,976.05	\$131,749.10	-10.36%
TOPAMAX	\$138,347.96	\$130,405.11	-5.74%
RISPERIDONE	\$129,873.87	\$129,916.11	0.03%
OXYCONTIN	\$135,302.37	\$129,149.63	-4.55%
PROVIGIL	\$117,973.09	\$128,563.95	8.98%
DEXEDRINE	\$121,886.06	\$127,934.07	4.96%
GABAPENTIN	\$122,613.53	\$124,175.61	1.27%
SEROQUEL XR	\$110,610.40	\$123,542.04	11.69%
PERMETHRIN	\$101,794.12	\$121,606.98	19.46%
EXJADE	\$114,768.47	\$120,678.81	5.15%
GENOTROPIN MINIQUICK	\$107,242.55	\$119,642.04	11.56%
ACTHAR HP	\$144,569.35	\$119,059.30	-17.65%
LANTUS SOLOSTAR	\$110,702.92	\$117,585.05	6.22%
ATRIPLA	\$117,807.88	\$113,029.46	-4.06%
FLUTICASONE PROPIONATE	\$105,767.67	\$111,236.48	5.17%
LYRICA	\$99,739.04	\$110,580.59	10.87%
NOVOLOG FLEXPEN	\$103,754.84	\$109,653.07	5.68%
HUMIRA	\$116,342.51	\$109,247.66	-6.10%
AMOXICILLIN	\$111,924.29	\$108,597.67	-2.97%
PLAVIX	\$246,902.60	\$108,208.77	-56.17%
EPIPEN 2-PAK	\$75,512.16	\$107,526.34	42.40%
KEPPRA	\$106,888.12	\$105,480.37	-1.32%
CIPRO HC	\$58,527.26	\$104,283.37	78.18%
LORAZEPAM	\$102,414.39	\$103,759.19	1.31%
ALPRAZOLAM	\$100,326.11	\$101,217.90	0.89%
GLEEVEC	\$89,907.77	\$100,606.26	11.90%
VIMPAT	\$94,607.93	\$97,817.84	3.39%

SAPHRIS	\$88,097.99	\$96,210.44	9.21%
DIASTAT ACUDIAL	\$73,875.07	\$95,233.28	28.91%
NAGLAZYME	\$95,067.10	\$95,067.10	0.00%
NUVARING	\$88,849.54	\$95,052.22	6.98%
RECOMBINATE	\$87,079.70	\$94,176.22	8.15%
GAMUNEX-C	\$99,584.15	\$92,292.93	-7.32%
BETASERON	\$91,958.02	\$91,332.55	-0.68%
HEMOFIL M	\$89,686.88	\$91,096.00	1.57%
XIFAXAN	\$89,817.36	\$90,410.92	0.66%
SUBOXONE	\$71,782.58	\$89,647.64	24.89%
INTUNIV	\$86,605.31	\$89,168.94	2.96%
CLONAZEPAM	\$85,427.12	\$88,631.26	3.75%
METADATE CD	\$86,630.84	\$87,846.43	1.40%
FELBATOL	\$91,036.99	\$87,566.58	-3.81%
KUVAN	\$93,959.82	\$87,469.29	-6.91%
INCIVEK	\$262,245.15	\$87,415.05	-66.67%
MAXALT-MLT	\$81,198.48	\$87,183.80	7.37%
GILENYA	\$88,086.68	\$86,415.92	-1.90%
BUPROPION HCL XL	\$86,875.54	\$86,073.47	-0.92%
LAMICTAL	\$81,776.21	\$85,295.27	4.30%
PROVENTIL HFA	\$77,263.74	\$84,710.20	9.64%
DAYTRANA	\$83,412.09	\$84,609.96	1.44%
ELAPRASE	\$83,772.40	\$83,772.40	0.00%
CREON	\$82,758.59	\$80,090.09	-3.22%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count May/June 2012	Prescription Count July/August 2012	Percent Change
Loratadine Tab 10 MG	10,368	10,370	0.02%
PROAIR HFA AER	7,437	8,868	19.24%
HYDROCO/APAP TAB 5-500MG	7,444	7,063	-5.12%
TRAMADOL HCL TAB 50MG	6,559	6,659	1.52%
LORAZEPAM TAB 0.5MG	6,586	6,584	-0.03%
HYDROCO/APAP TAB 5-325MG	5,541	6,058	9.33%
RANITIDINE TAB 150MG	5,792	5,944	2.62%
Acetaminophen Tab 325 MG	5,899	5,893	-0.10%
CLONIDINE TAB 0.1MG	5,561	5,792	4.15%
CLONAZEPAM TAB 1MG	5,472	5,694	4.06%
LORAZEPAM TAB 1MG	5,521	5,577	1.01%
CLONAZEPAM TAB 0.5MG	5,364	5,551	3.49%
Cetirizine HCl Tab 10 MG	5,153	5,432	5.41%
Aspirin Tab Delayed Release 81 MG	5,298	5,358	1.13%
LEXAPRO TAB 20MG	5,107	5,208	1.98%
FLUOXETINE CAP 20MG	5,146	5,167	0.41%
GUANFACINE TAB 1MG	4,785	4,995	4.39%
AMOXICILLIN SUS 400/5ML	5,125	4,873	-4.92%
ALBUTEROL NEB 0.083%	4,399	4,805	9.23%
CYCLOBENZAPR TAB 10MG	4,811	4,782	-0.60%
ALPRAZOLAM TAB 0.5MG	4,681	4,749	1.45%
ALPRAZOLAM TAB 1MG	4,525	4,614	1.97%
AZITHROMYCIN TAB 250MG	4,640	4,436	-4.40%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,325	4,377	1.20%
AZITHROMYCIN SUS 200/5ML	4,639	4,371	-5.78%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,284	4,176	-2.52%
SINGULAIR TAB 10MG	3,979	4,093	2.87%
Aspirin Chew Tab 81 MG	3,978	4,010	0.80%
IBUPROFEN TAB 800MG	3,938	3,970	0.81%
FLUTICASONE SPR 50MCG	3,672	3,914	6.59%
SERTRALINE TAB 100MG	3,775	3,771	-0.11%
Acetaminophen Tab 500 MG	3,841	3,743	-2.55%
SINGULAIR CHW 5MG	3,542	3,623	2.29%

VENTOLIN HFA AER	3,138	3,601	14.75%
TRAZODONE TAB 50MG	3,392	3,498	3.13%
OMEPRazole CAP 20MG	3,641	3,429	-5.82%
CEPHALEXIN CAP 500MG	3,479	3,388	-2.62%
TRAZODONE TAB 100MG	3,274	3,333	1.80%
SMZ/TMP DS TAB 800-160	2,992	3,222	7.69%
AMOXICILLIN SUS 250/5ML	3,214	3,060	-4.79%
FOLIC ACID TAB 1MG	2,972	3,006	1.14%
CITALOPRAM TAB 20MG	2,924	2,994	2.39%
AMOXICILLIN CAP 500MG	2,739	2,911	6.28%
OXYCOD/APAP TAB 5-325MG	2,831	2,852	0.74%
GABAPENTIN CAP 300MG	2,764	2,810	1.66%
RISPERIDONE TAB 1MG	2,667	2,696	1.09%
ALPRAZOLAM TAB 0.25MG	2,690	2,679	-0.41%
ZOLPIDEM TAB 10MG	2,360	2,642	11.95%
METFORMIN TAB 500MG	2,569	2,580	0.43%
VYVANSE CAP 30MG	2,489	2,446	-1.73%
SINGULAIR CHW 4MG	2,479	2,412	-2.70%
SERTRALINE TAB 50MG	2,364	2,387	0.97%
LANTUS INJ 100/ML	2,363	2,370	0.30%
CITALOPRAM TAB 40MG	2,453	2,367	-3.51%
RISPERIDONE TAB 0.5MG	2,328	2,337	0.39%
SMZ-TMP SUS 200-40/5	2,250	2,315	2.89%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	2,512	2,277	-9.36%
NAPROXEN TAB 500MG	2,184	2,253	3.16%
PREDNISONE TAB 20MG	2,530	2,231	-11.82%
Sennosides Tab 8.6 MG	2,214	2,226	0.54%
OMEPRazole CAP 40MG	2,097	2,213	5.53%
MUPIROCIN OIN 2%	2,202	2,196	-0.27%
CEPHALEXIN SUS 250/5ML	2,267	2,131	-6.00%
CYMBALTA CAP 60MG	2,069	2,114	2.17%
HYDROCHLOROTAB 25MG	2,023	2,112	4.40%
VYVANSE CAP 40MG	2,122	2,112	-0.47%
SIMVASTATIN TAB 20MG	2,125	2,104	-0.99%
PREDNISOLONE SOL 15MG/5ML	3,358	2,095	-37.61%
HYDROCO/APAP TAB 10-325MG	2,081	2,084	0.14%
DIAZEPAM TAB 5MG	2,013	2,074	3.03%
LISINOPRIL TAB 10MG	2,055	2,049	-0.29%

SIMVASTATIN TAB 40MG	2,001	2,024	1.15%
APAP/CODEINE TAB 300-30MG	1,999	1,996	-0.15%
METHYLPHENID TAB 36MG ER	260	1,984	663.08%
Permethrin Lotion 1%	1,516	1,980	30.61%
METRONIDAZOL TAB 500MG	1,955	1,966	0.56%
Aspirin Tab Delayed Release 325 MG	2,001	1,945	-2.80%
LISINOPRIL TAB 20MG	1,873	1,929	2.99%
ABILIFY TAB 5MG	1,950	1,912	-1.95%
Loratadine Syrup 5 MG/5ML	2,179	1,895	-13.03%
VYVANSE CAP 50MG	1,888	1,872	-0.85%
METFORMIN TAB 1000MG	1,809	1,871	3.43%
HYDROCO/APAP TAB 7.5-500	2,046	1,859	-9.14%
VENLAFAXINE CAP 150MG ER	1,791	1,858	3.74%
FLUCONAZOLE TAB 150MG	1,858	1,824	-1.83%
CONCERTA TAB 36MG	3,521	1,821	-48.28%
TRIAMCINOLON CRE 0.1%	1,951	1,759	-9.84%
PREDNISONE TAB 10MG	1,480	1,748	18.11%
MELOXICAM TAB 15MG	1,701	1,747	2.70%
HYDROCO/APAP TAB 7.5-325	1,549	1,730	11.68%
OFLOXACIN DRO 0.3%OTIC	1,317	1,713	30.07%
FUROSEMIDE TAB 40MG	1,708	1,705	-0.18%
AZITHROMYCIN SUS 100/5ML	1,803	1,677	-6.99%
PANTOPRAZOLE TAB 40MG	1,633	1,647	0.86%
METHYLPHENID TAB 10MG	1,696	1,628	-4.01%
BUPROPN HCL TAB 300MG XL	1,642	1,621	-1.28%
PRENATAL TAB PLUS	1,618	1,620	0.12%
AMOX/K CLAV TAB 875MG	1,570	1,614	2.80%
Diphenhydramine HCl Cap 25 MG	1,518	1,567	3.23%
AMLODIPINE TAB 10MG	1,512	1,559	3.11%

Bi-Monthly Statistics

	July/August 2012	September/October 2012	% CHANGE
Total Paid Amount	\$40,981,668	\$39,369,287	-3.9%
Unique Users	152,052	163,459	7.5%
Cost Per User	\$269.52	\$240.85	-10.6%
Total Prescriptions	660,040.0	682,744.0	3.4%
Average Prescriptions Per User	4.34	4.18	-3.7%
Average Cost Per Prescription	\$62.09	\$57.66	-7.1%
# Generic Prescriptions	519,563	546,978	5.3%
% Generic	78.7%	80.1%	1.8%
\$ Generic	\$7,086,796	\$7,399,082	4.4%
Average Generic Prescription Cost	\$13.64	\$13.53	-0.8%
Average Days Supply	22	21	-4.5%
# Brand Prescriptions	140,477	135,766	-3.4%
% Brand	21.3%	19.9%	-6.5%
\$ Brand	\$33,894,871	\$31,970,204	-5.7%
Average Brand Prescription Cost	\$241.28	\$235.48	-2.4%
Average Days Supply	26	25	-3.8%
<p>Note: All dollar amounts reported are pre-rebate</p>			

Utilization by Age

Age	July/August 2012	September/October 2012
0-6	31,229	39,374
7-12	24,381	26,090
13-18	21,617	23,315
19-64	63,019	63,223
65+	11,806	11,457
	152,052	163,459

Utilization by Gender and Age

Gender	Age	July/August 2012	September/October 2012
F			
	0-6	14,615	18,569
	7-12	10,712	11,305
	13-18	11,425	12,324
	19-64	44,486	44,638
	65+	8,691	8,483
		89,929	95,319
M			
	0-6	16,614	20,805
	7-12	13,669	14,785
	13-18	10,192	10,991
	19-64	18,533	18,585
	65+	3,115	2,974
		62,123	68,140

Top 100 Pharmacies by Prescription Count

September/October 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #05239	DAVENPORT	IA	9,173	\$463,331.03	1
2	WALGREEN #04405	COUNCIL BLUFFS	IA	8,860	\$489,636.19	2
3	WALGREEN #05721	DES MOINES	IA	7,659	\$399,376.45	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	6,838	\$147,997.90	4
5	WALGREEN #359	DES MOINES	IA	6,212	\$327,057.85	5
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,562	\$232,679.24	7
7	WALGREEN #910	SIOUX CITY	IA	5,556	\$278,306.98	10
8	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,478	\$260,480.48	9
9	WALGREEN #05362	DES MOINES	IA	5,423	\$258,215.43	12
10	WALGREEN COMPANY 07455	WATERLOO	IA	5,383	\$233,540.11	8
11	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,213	\$238,192.26	13
12	WALGREENS #07453	DES MOINES	IA	5,197	\$274,189.17	11
13	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,667	\$120,042.16	6
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,203	\$246,229.20	15
15	WALGREEN #05852	DES MOINES	IA	3,973	\$182,427.75	16
16	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,950	\$229,940.11	17
17	WALGREEN #04041	DAVENPORT	IA	3,923	\$190,831.16	19
18	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,741	\$126,709.21	14
19	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,599	\$195,253.88	18
20	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,536	\$167,711.73	20
21	WALGREEN COMPANY 05777	DES MOINES	IA	3,471	\$155,535.19	24
22	WALGREEN #11709	DAVENPORT	IA	3,463	\$168,286.09	22
23	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,401	\$185,062.14	26
24	RASHID PHARMACY PLC	FORT MADISON	IA	3,380	\$181,602.48	25
25	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,356	\$182,341.26	21
26	WALGREEN #05044	BURLINGTON	IA	3,299	\$160,820.44	29
27	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,139	\$81,521.34	23
28	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,137	\$139,757.22	34
29	WALGREEN #03595	DAVENPORT	IA	3,126	\$158,622.10	27
30	MAHASKA DRUG INC	OSKALOOSA	IA	3,107	\$154,798.66	28
31	WALGREENS #05119	CLINTON	IA	3,099	\$153,628.33	30
32	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,065	\$155,395.70	32
33	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	2,996	\$73,656.25	91
34	WALGREENS #10855	WATERLOO	IA	2,923	\$132,627.18	33
35	WALGREEN #7452	DES MOINES	IA	2,888	\$130,943.20	36
36	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,865	\$190,718.75	31
37	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,674	\$134,585.91	35

38	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,574	\$142,433.78	38
39	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,548	\$154,537.99	37
40	WALGREEN #05361	FORT DODGE	IA	2,526	\$122,478.50	52
41	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,491	\$124,910.51	44
42	WALGREENS #09476	BURLINGTON	IA	2,479	\$112,998.25	45
43	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,421	\$98,670.92	50
44	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,381	\$109,019.16	47
45	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,334	\$110,476.71	40
46	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,306	\$108,086.24	41
47	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,300	\$163,524.10	39
48	WALGREEN #05077	IOWA CITY	IA	2,297	\$109,584.31	62
49	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,291	\$109,883.02	43
50	MERCY CAREMOR	DUBUQUE	IA	2,260	\$57,664.17	42
51	WALGREEN #05886	KEOKUK	IA	2,231	\$91,717.33	61
52	WALGREENS 07968	DES MOINES	IA	2,206	\$117,472.29	56
53	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,201	\$145,955.82	46
55	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,151	\$89,647.73	49
54	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,151	\$100,137.33	58
56	DANIEL PHARMACY INC	FORT DODGE	IA	2,139	\$102,668.61	51
57	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	2,127	\$106,624.55	66
58	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,104	\$116,841.01	69
59	WALGREEN #09708	DUBUQUE	IA	2,083	\$94,482.21	54
60	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,058	\$122,494.50	53
61	MERWIN LTC PHARMACY	ANKENY	IA	2,039	\$118,371.08	48
62	WALGREENS #11942	DUBUQUE	IA	2,006	\$111,299.89	63
63	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,006	\$78,168.96	72
64	LA GRANGE PHARMACY INC	VINTON	IA	1,994	\$104,725.12	88
66	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,974	\$124,592.75	60
65	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	1,974	\$89,947.05	55
67	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,973	\$105,368.64	70
68	WALGREEN #05942	NEWTON	IA	1,956	\$99,240.55	75
69	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,952	\$79,954.83	84
70	WALGREEN #4714	DES MOINES	IA	1,951	\$103,062.26	71
71	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,944	\$511,184.45	57
73	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,930	\$94,503.87	83
72	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,930	\$86,202.77	68
74	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,922	\$52,000.64	64
75	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,901	\$92,730.84	77
76	SCOTT PHARMACY INC	FAYETTE	IA	1,887	\$75,784.35	67
77	HY-VEE PHARMACY 1071	CLARINDA	IA	1,874	\$90,576.79	65
78	WALGREEN #03196	MARSHALLTOWN	IA	1,854	\$89,282.03	74
79	WAGNER PHARMACY	CLINTON	IA	1,836	\$109,044.95	78
80	WALGREENS #03876	MARION	IA	1,825	\$97,386.15	87

82	HY-VEE PHARMACY (1075)	CLINTON	IA	1,818	\$105,588.00	89
81	HY-VEE PHARMACY (1522)	PERRY	IA	1,818	\$72,767.80	95
84	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,816	\$84,538.01	79
83	HY VEE PHARMACY #1449	NEWTON	IA	1,816	\$102,421.93	81
85	WALGREENS #05977	CORALVILLE	IA	1,794	\$85,635.55	105
86	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	1,789	\$101,745.24	59
87	GREENWOOD DRUG INC	WATERLOO	IA	1,786	\$127,308.40	94
88	WALGREEN COMPANY #05941	MASON CITY	IA	1,776	\$94,036.12	80
89	FIFIELD PHARMACY	DES MOINES	IA	1,768	\$89,350.29	82
90	HAMMER PHARMACY	DES MOINES	IA	1,759	\$121,447.85	76
91	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,750	\$83,176.58	92
92	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,724	\$109,325.17	98
93	IOWA CVS PHARMACY LLC DBA	DAVENPORT	IA	1,723	\$86,725.35	85
94	WALGREEN #07454	ANKENY	IA	1,711	\$95,260.04	97
95	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,709	\$107,610.67	100
96	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,705	\$74,779.12	90
97	STANGEL PHARMACY	ONAWA	IA	1,664	\$90,701.33	115
98	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,662	\$84,005.76	86
99	WALGREEN COMPANY DBA	OTTUMWA	IA	1,650	\$86,871.59	93
100	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,647	\$71,915.43	102

Top 100 Pharmacies by Paid Amount

September/October 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	ARJ INFUSION SERVICES INC	LENEXA	KS	5	\$661,041.21	1
2	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,944	\$511,184.45	11
3	WALGREEN #04405	COUNCIL BLUFFS	IA	8,860	\$489,636.19	3
4	WALGREEN #05239	DAVENPORT	IA	9,173	\$463,331.03	5
5	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	180	\$436,126.47	4
6	WALGREEN #05721	DES MOINES	IA	7,659	\$399,376.45	6
7	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	29	\$392,601.30	2
8	CURASCRIP PHARMACY INC	ORLANDO	FL	44	\$327,247.18	9
9	WALGREEN #359	DES MOINES	IA	6,212	\$327,057.85	7
10	WALGREEN #910	SIOUX CITY	IA	5,556	\$278,306.98	10
11	WALGREENS #07453	DES MOINES	IA	5,197	\$274,189.17	8
12	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,478	\$260,480.48	15
13	WALGREEN #05362	DES MOINES	IA	5,423	\$258,215.43	12
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,203	\$246,229.20	13
15	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,213	\$238,192.26	16
16	WALGREEN COMPANY 07455	WATERLOO	IA	5,383	\$233,540.11	18
17	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,562	\$232,679.24	19
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,950	\$229,940.11	22
19	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	61	\$220,907.96	14
20	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	8	\$216,455.90	20
21	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	27	\$210,011.80	17
22	MEDFUSIONRX LLC	FRANKLIN	TN	69	\$208,050.74	21
23	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,098	\$203,783.26	26
24	WALGREENS INFUSION SERVICES	OMAHA	NE	57	\$200,579.05	23
25	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,599	\$195,253.88	24
26	WALGREEN #04041	DAVENPORT	IA	3,923	\$190,831.16	28
27	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,865	\$190,718.75	25
28	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,401	\$185,062.14	31
29	WALGREEN #05852	DES MOINES	IA	3,973	\$182,427.75	35
30	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,356	\$182,341.26	29
31	RASHID PHARMACY PLC	FORT MADISON	IA	3,380	\$181,602.48	27

32	WALGREEN #11709	DAVENPORT	IA	3,463	\$168,286.09	33
33	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,536	\$167,711.73	32
34	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,300	\$163,524.10	34
35	WALGREEN #05044	BURLINGTON	IA	3,299	\$160,820.44	52
36	US BIOSERVICE CORPORATION	FRISCO	TX	47	\$160,491.76	49
37	WALGREEN #03595	DAVENPORT	IA	3,126	\$158,622.10	37
38	WALGREEN COMPANY 05777	DES MOINES	IA	3,471	\$155,535.19	40
39	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,065	\$155,395.70	36
40	MAHASKA DRUG INC	OSKALOOSA	IA	3,107	\$154,798.66	38
41	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,548	\$154,537.99	30
42	WALGREENS #05119	CLINTON	IA	3,099	\$153,628.33	46
43	MARTIN HEALTH SERVICES INC	DENVER	IA	6,838	\$147,997.90	41
44	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,201	\$145,955.82	44
45	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,574	\$142,433.78	42
46	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,137	\$139,757.22	48
47	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,674	\$134,585.91	45
48	AMBER PHARMACY	OMAHA	NE	155	\$132,746.31	94
49	WALGREENS #10855	WATERLOO	IA	2,923	\$132,627.18	50
50	WALGREEN #7452	DES MOINES	IA	2,888	\$130,943.20	56
51	GREENWOOD DRUG INC	WATERLOO	IA	1,786	\$127,308.40	66
52	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,741	\$126,709.21	53
53	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	31	\$125,519.09	43
54	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,491	\$124,910.51	54
55	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,974	\$124,592.75	64
56	HY-VEE PHARMACY 1382	LE MARS	IA	1,585	\$122,767.51	51
57	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,058	\$122,494.50	58
58	WALGREEN #05361	FORT DODGE	IA	2,526	\$122,478.50	73
59	AXELACARE HEALTH SOLUTIONS LLC	LENEXA	KS	10	\$121,599.72	61
60	HAMMER PHARMACY	DES MOINES	IA	1,759	\$121,447.85	65
61	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,667	\$120,042.16	39
62	MERWIN LTC PHARMACY	ANKENY	IA	2,039	\$118,371.08	74
63	WALGREENS 07968	DES MOINES	IA	2,206	\$117,472.29	68
64	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,104	\$116,841.01	77
65	WALGREENS #09476	BURLINGTON	IA	2,479	\$112,998.25	55
66	WALGREENS #11942	DUBUQUE	IA	2,006	\$111,299.89	57
67	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,334	\$110,476.71	70
68	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,291	\$109,883.02	71

69	WALGREEN #05077	IOWA CITY	IA	2,297	\$109,584.31	104
70	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,724	\$109,325.17	76
71	WAGNER PHARMACY	CLINTON	IA	1,836	\$109,044.95	59
72	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,381	\$109,019.16	60
73	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,306	\$108,086.24	72
74	WALGREENS 11153	SPENCER	IA	1,629	\$107,638.39	88
75	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,709	\$107,610.67	63
76	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	2,127	\$106,624.55	83
77	HY-VEE PHARMACY (1075)	CLINTON	IA	1,818	\$105,588.00	93
78	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,973	\$105,368.64	89
79	LA GRANGE PHARMACY INC	VINTON	IA	1,994	\$104,725.12	124
80	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,633	\$103,615.45	75
81	WALGREEN #4714	DES MOINES	IA	1,951	\$103,062.26	91
82	DANIEL PHARMACY INC	FORT DODGE	IA	2,139	\$102,668.61	87
83	HY VEE PHARMACY #1449	NEWTON	IA	1,816	\$102,421.93	96
84	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	1,789	\$101,745.24	62
85	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,151	\$100,137.33	82
86	WALGREEN #05942	NEWTON	IA	1,956	\$99,240.55	98
87	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,421	\$98,670.92	84
88	WALGREENS #03876	MARION	IA	1,825	\$97,386.15	101
89	HY VEE DRUGSTORE 7007-039	AMES	IA	1,325	\$97,382.89	79
90	WALGREEN #07454	ANKENY	IA	1,711	\$95,260.04	102
91	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	14	\$95,173.30	105
92	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,930	\$94,503.87	111
93	WALGREEN #09708	DUBUQUE	IA	2,083	\$94,482.21	103
94	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	1,588	\$94,398.66	69
95	WALGREEN COMPANY #05941	MASON CITY	IA	1,776	\$94,036.12	85
96	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,901	\$92,730.84	109
97	WALGREEN #05886	KEOKUK	IA	2,231	\$91,717.33	106
98	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,622	\$91,474.81	90
99	STANGEL PHARMACY	ONAWA	IA	1,664	\$90,701.33	117
100	HY-VEE PHARMACY 1071	CLARINDA	IA	1,874	\$90,576.79	112

Top 100 Prescribing Providers by Prescription Count

September/October 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA HAMDAN ALLEN MD	\$209,714.59	2,156	1
2	LARRY RICHARDS DO	\$159,272.78	1,622	3
3	MARVIN F PIBURN JR	\$111,594.41	1,617	4
4	J PATRICK BERTROCHE DO	\$176,629.56	1,575	8
5	BOBBITA NAG	\$136,564.81	1,502	5
6	KATHLEEN L WILD ARNP	\$136,593.16	1,454	9
7	RAHUL BANSAL MD	\$141,929.79	1,447	17
8	QAZI UMAR JAVED MD	\$116,316.91	1,395	7
9	ROY W OVERTON III DO	\$45,810.08	1,340	2
10	SRIRAMAMURTHY RAVIPATI MD	\$113,129.48	1,273	11
11	KENT ELDON KUNZE MD	\$131,963.07	1,206	16
12	CAROL D AUNAN ARNP	\$93,935.38	1,195	14
13	BRYANT MUTCHLER DO	\$38,079.24	1,194	10
14	JOADA BEST ARNP	\$118,647.86	1,189	21
15	DENNIS S JONES MD	\$61,422.73	1,166	18
16	DENNIS MILLER DO	\$47,008.17	1,103	33
17	MARTIN J FIALKOV MD	\$82,552.95	1,101	13
18	KATHRYN ENZLER PA	\$42,039.52	1,095	23
19	RAJNI BATRA MD	\$35,907.64	1,094	51
20	E RICHARD NIGHTINGALE III MD	\$115,331.93	1,068	22
21	JEFFREY D WILHARM MD	\$66,950.58	1,064	19
22	RAY C STURDEVANT MD	\$104,970.41	1,056	20
23	WILLIAM M NISSEN MD	\$57,192.84	1,026	24
24	CYD Q GRAFFT ARNP	\$79,576.51	1,013	29
26	BJIRO VIVIAN AGBORO-IDAHOUSA MD	\$89,321.15	1,005	43
25	REBECCA J WOLFE	\$75,204.34	1,005	25
27	CAROL SCHMIDT ARNP	\$47,971.31	997	36
28	LEENU MISHRA MD	\$115,041.67	984	107
29	STEVEN G PAULSRUD DO	\$49,728.76	975	112
30	RONALD BRINK MD	\$110,250.10	971	30
31	WILSON L DAVIS MD	\$33,013.00	940	32
32	ALI SAFDAR MD	\$47,079.58	937	15

33	TODD KENT POGUE DO	\$66,963.62	927	27
34	MONTE BERNHAGEN MD	\$98,531.97	925	26
35	DAVID M CRAVEN MD	\$42,352.29	921	38
36	HIEDI STJARNA LANE ARNP	\$77,553.46	921	136
37	FREDERICK C ALDRICH MD	\$25,013.47	914	60
38	KAREN J FULWOOD ARNP	\$61,447.64	907	174
39	ODUAH DANIEL OSARO MD	\$82,530.15	901	56
40	THOMAS C PIEKENBROCK MD	\$46,799.84	894	34
41	CASIE RINEY PAC	\$82,678.40	892	42
42	PETER JOSEPH SZEIBEL MD	\$83,957.28	888	37
43	ALLYSON L WHEATON MD	\$80,863.97	880	28
44	REBECCA WALDING ARNP	\$84,158.01	870	41
45	RANDALL KAVALIER DO	\$72,460.39	860	31
46	KIMBERLY A THOMPSON DO	\$35,027.44	860	55
47	JAFFAR ALI SHAIKH MD	\$43,102.25	855	90
49	PAUL DENNIS PETERSON DO	\$38,353.48	822	44
48	ALBERT OKINE PAC	\$85,206.85	822	61
50	SHAWN DENNIS JONES MD	\$53,385.33	820	70
51	KRISHNA POOJAPPA MURTHY MD	\$67,708.92	814	47
52	THOMAS SCOTT HOPKINS DO	\$85,557.58	812	64
53	RANDY R ROBINSON MD	\$38,525.48	803	39
54	JOSEPH M WANZEK	\$39,348.26	801	76
55	SINA J LINMAN ARNP	\$39,075.44	800	108
56	ROBERT MARVIN KENT MD	\$33,352.47	797	74
57	PAULA JEAN CURRAN ARNP	\$41,757.99	795	83
58	WILLIAM EARL HOWARD DO	\$35,656.16	776	73
59	LEANNE MOREY PAC	\$99,459.68	773	79
60	RICHARD J KOZENY	\$37,362.01	763	46
61	DAVID WENGER-KELLER MD	\$33,254.87	757	48
62	WILLI MARTENS MD	\$27,324.99	754	54
64	DEBRA ANN STUDER DO	\$12,895.64	753	72
63	CARLA K ABEL-ZIEG ARNP	\$80,090.59	753	68
65	ADIB KASSAS MD	\$45,300.79	752	66
66	TIMOTHY W SWINTON MD	\$27,162.05	748	65
68	KEVIN WILLIAM BLECHLE DO	\$28,924.96	746	45
67	CHRISTOPHER GENE OKIISHI MD	\$55,606.56	746	40
69	LAURA M VAN CLEVE DO	\$57,347.19	743	50

70	LISA JAYNE MENZIES MD	\$153,459.45	743	84
71	DAVID M CRIPPIN MD	\$29,636.89	741	80
72	ROBERT D CONNER	\$22,406.48	737	52
73	DANIEL JOSEPH ARNOLD DO	\$28,938.19	734	99
74	KATHLEEN S ADAMS ARNP	\$97,064.36	732	62
75	JIMMY RAE MASCARO DO	\$58,631.52	729	67
76	SARAH A JUSTMANN ARNP	\$44,011.35	728	6
77	DUSTIN RALPH SMITH MD	\$33,874.06	717	81
78	JAMES BROOKS MD	\$77,239.26	715	35
79	HAMID SAGHA MD	\$15,290.79	713	89
80	SARAH L BEATTIE	\$78,416.71	712	92
81	DEANNA BOOK BOESEN MD	\$85,517.18	710	121
82	KIRAN BHASKAR KHANOLKAR MD	\$28,306.36	707	63
83	CHRISTIAN W JONES MD	\$32,787.27	706	86
84	SANG O LEE MD	\$39,892.65	700	57
85	RONALD WILLIAM GRAEFF MD	\$45,593.28	697	78
87	MARY C SEGRETO DO	\$91,637.93	696	53
86	JUDITH JOHNSON	\$50,621.55	696	117
88	ANDREA BETH HEMESATH ARNP	\$44,963.75	692	49
89	CHRISTEL L SEEMANN DO	\$23,938.53	691	75
90	JERROLD V FLATT DO	\$22,643.99	690	97
91	RODNEY DEAN MD	\$66,540.63	688	85
93	CINDY GOSHORN ARNP	\$58,028.57	683	98
92	JASON EKWENA MD	\$9,962.35	683	94
94	SILEEN ANN PRINGLE ARNP	\$52,242.22	683	102
95	KEVIN NEIL SHEPPARD MD	\$50,553.85	682	118
96	DOUGLAS HOWARD JONES MD	\$66,708.60	675	59
98	MERRILEE RAMSEY ARNP	\$37,312.65	674	113
97	MAEN MUSA HADDADIN MD	\$22,475.60	674	82
99	LINGXIANG ZHOU MD	\$19,395.25	669	130
100	ERIN VOYLES HATCHER	\$75,759.78	668	100

Top 100 Prescribing Providers by Paid Amount

September/October 2012

Rank	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1		ROLLA F ABU-ARJA MD	\$656,236.26	3	1
2		JANICE MARIE ROSE STABER MD	\$632,299.11	63	2
3		STEVEN LENTZ MD	\$421,445.00	21	4
4		GHADA HAMDAN ALLEN MD	\$209,714.59	2,156	5
5		J PATRICK BERTROCHE DO	\$176,629.56	1,575	9
6		VILMARIE RODRIGUEZ-PADUA MD	\$164,754.11	11	3
7		LARRY RICHARDS DO	\$159,272.78	1,622	6
8		LISA JAYNE MENZIES MD	\$153,459.45	743	10
9		RAHUL BANSAL MD	\$141,929.79	1,447	29
10		KATHLEEN L WILD ARNP	\$136,593.16	1,454	15
11		BOBBITA NAG	\$136,564.81	1,502	8
12		KENT ELDON KUNZE MD	\$131,963.07	1,206	14
13		JENNIFER S COOK MD	\$128,341.34	480	11
14		LIEM-SOM OEI MD	\$124,192.59	65	12
15		JOADA BEST ARNP	\$118,647.86	1,189	19
16		QAZI UMAR JAVED MD	\$116,316.91	1,395	13
17		E RICHARD NIGHTINGALE III MD	\$115,331.93	1,068	27
18		LEENU MISHRA MD	\$115,041.67	984	63
19		SRIRAMAMURTHY RAVIPATI MD	\$113,129.48	1,273	17
20		LIUSKA MARIA PESCE	\$113,040.33	203	24
21		MARVIN F PIBURN JR	\$111,594.41	1,617	16
22	1457315285		\$110,250.10	971	20
23		STEVEN P JOYCE MD	\$105,659.15	270	23
24		RAY C STURDEVANT MD	\$104,970.41	1,056	26
25	1619280625		\$99,459.68	773	40
26		MONTE BERNHAGEN MD	\$98,531.97	925	30
27		KATHLEEN S ADAMS ARNP	\$97,064.36	732	28
28	1952459463		\$94,629.22	388	22
29		CAROL D AUNAN ARNP	\$93,935.38	1,195	32
30		MARY C SEGRETO DO	\$91,637.93	696	25
31		BRUCE L HUGHES MD	\$91,629.55	94	33
32		BJIRO VIVIAN AGBORO-IDAHOA MD	\$89,321.15	1,005	43
33		MARC C PATTERSON MD	\$89,122.06	50	36
34		EVA TSALIKIAN MD	\$86,457.26	144	21
35		THOMAS SCOTT HOPKINS DO	\$85,557.58	812	59
36		DEANNA BOOK BOESEN MD	\$85,517.18	710	48
37	1962558957		\$85,206.85	822	49
38		REBECCA WALDING ARNP	\$84,158.01	870	58
39		PETER JOSEPH SZEIBEL MD	\$83,957.28	888	38
40	1669570404		\$82,678.40	892	46
41		MARTIN J FIALKOV MD	\$82,552.95	1,101	31
42		ODUAH DANIEL OSARO MD	\$82,530.15	901	45
43		ALLYSON L WHEATON MD	\$80,863.97	880	35
44		CARLA K ABEL-ZIEG ARNP	\$80,090.59	753	51
45		CYD Q GRAFFT ARNP	\$79,576.51	1,013	52

46	SARAH L BEATTIE	\$78,416.71	712	68
47	HIEDI STJARNA LANE ARNP	\$77,553.46	921	101
48	JAMES BROOKS MD	\$77,239.26	715	34
49	JUDITH A MILLER ARNP	\$77,015.77	15	41
50	ELIZABETH LUCILLE DOWD ARNP	\$76,445.56	187	85
51	ERIN VOYLES HATCHER	\$75,759.78	668	50
52	REBECCA J WOLFE	\$75,204.34	1,005	56
53	RANDALL KAVALIER DO	\$72,460.39	860	37
54	ANTHONY G ZAMUDIO ARNP	\$70,461.81	503	61
55	JULIE K OSTERHAUS ARNP	\$70,380.44	235	54
56	MARY W NIXON ARNP	\$68,385.74	613	62
57	MARIA J STEELE ARNP	\$67,868.35	62	168
58	KRISHNA POOJAPPA MURTHY MD	\$67,708.92	814	66
59	TODD KENT POGUE DO	\$66,963.62	927	53
60	JEFFREY D WILHARM MD	\$66,950.58	1,064	57
61	DOUGLAS HOWARD JONES MD	\$66,708.60	675	55
62	RODNEY DEAN MD	\$66,540.63	688	64
63	TONYA LYNN PUSKI ARNP	\$64,719.82	597	105
64	1841293354	\$64,664.69	663	104
65	MICHAEL LEE EGGER MD	\$63,809.39	659	78
66	DANIEL M SLEITER ARNP	\$63,775.78	85	44
67	SHERRY DIANNE DEKEYSER MD	\$62,567.60	490	70
68	JULIE MARIE GLEASON ARNP	\$62,134.57	14	150
69	KAREN J FULWOOD ARNP	\$61,447.64	907	295
70	DENNIS S JONES MD	\$61,422.73	1,166	69
71	1952691560	\$60,575.89	527	88
72	KEVIN JOHN TOOK MD	\$60,272.16	449	7
73	DANIEL EDWARD WESEMANN ARNP	\$60,051.05	554	94
74	JIMMY RAE MASCARO DO	\$58,631.52	729	67
75	WENDY ANNE WALDMAN MD	\$58,539.86	321	71
76	CINDY GOSHORN ARNP	\$58,028.57	683	102
77	DUANGCHAI NARAWONG MD	\$57,515.23	570	86
78	LAURA M VAN CLEVE DO	\$57,347.19	743	65
79	WILLIAM M NISSEN MD	\$57,192.84	1,026	60
80	STEFANIE RENEE YEARIAN ARNP	\$56,150.39	652	89
81	CHRISTOPHER GENE OKIISHI MD	\$55,606.56	746	47
82	JONATHAN MORAVEK MD	\$55,417.94	106	132
83	LAURIE WARREN	\$55,371.91	537	83
84	DAVID B MOORE, M.D.	\$54,801.51	269	79
85	EDWARD G NASSIF MD	\$54,611.50	531	77
86	SHAWN DENNIS JONES MD	\$53,385.33	820	80
87	JANNE L JOHNSON	\$52,937.46	417	100
88	SILEEN ANN PRINGLE ARNP	\$52,242.22	683	137
89	DEBORAH L GARRELTS MD	\$52,088.22	549	154
90	1669504270	\$51,585.28	28	463
91	BORIANA SVEJINOVA KAMENOVA MD	\$51,399.01	33	84
92	AHMED MUSTAFA ABU AL-FOUL MD	\$51,109.27	32	933
93	TRUCE Taneo ORDONA MD	\$50,854.94	578	115
94	JUDITH JOHNSON	\$50,621.55	696	118
95	RICARDO RENE FLORES MD	\$50,613.28	168	39

96	KEVIN NEIL SHEPPARD MD	\$50,553.85	682	133
97	FARRAH MARIE HASSEBROEK	\$50,252.15	403	98
98	MATTHEW LARRY HILL DO	\$50,159.59	66	128
99	1295747368	\$49,772.58	497	120
100	STEVEN G PAULSRUD DO	\$49,728.76	975	189

Top 20 Therapeutic Class by Paid Amount

Category Description	July/August 2012	Rank	% Budget	September/October 2012	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$5,396,219	1	13.2%	\$5,310,138	1	13.5%	-1.6%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,718,422	2	6.6%	\$2,854,039	2	7.2%	5.0%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,063,411	4	5.0%	\$2,062,267	3	5.2%	-0.1%
ANTIHEMOPHILIC AGENTS	\$2,256,977	3	5.5%	\$1,952,508	4	5.0%	-13.5%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,942,856	5	4.7%	\$1,870,853	5	4.8%	-3.7%
ANTICONVULSANTS	\$1,856,118	6	4.5%	\$1,753,120	6	4.5%	-5.5%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,159,648	8	2.8%	\$1,159,966	7	2.9%	0.0%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	\$1,723,416	7	4.2%	\$1,096,641	8	2.8%	-36.4%
DIABETIC - INSULIN	\$1,128,057	9	2.8%	\$1,077,935	9	2.7%	-4.4%
STIMULANTS - METHYLPHENIDATE	\$929,667	10	2.3%	\$1,054,457	10	2.7%	13.4%
ANTIASTHMATIC - BETA - ADRENERGICS	\$888,164	11	2.2%	\$976,377	11	2.5%	9.9%
ANTIASTHMATIC - STEROID INHALANTS	\$669,387	15	1.6%	\$809,786	12	2.1%	21.0%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$751,351	13	1.8%	\$782,084	13	2.0%	4.1%
MULTIPLE SCLEROSIS AGENTS	\$686,694	14	1.7%	\$563,998	14	1.4%	-17.9%
GROWTH HORMONE	\$625,195	16	1.5%	\$552,202	15	1.4%	-11.7%
NARCOTICS - MISC.	\$504,496	17	1.2%	\$492,826	16	1.3%	-2.3%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$776,138	12	1.9%	\$429,926	17	1.1%	-44.6%
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	\$388,117	18	0.9%	\$380,705	18	1.0%	-1.9%
DIABETIC - INSULIN PENFILLS	\$375,310	19	0.9%	\$370,740	19	0.9%	-1.2%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	\$218,026	36	0.5%	\$356,017	20	0.9%	63.3%

Top 20 Therapeutic Class by Prescription Count

Category Description	July/August 2012	Prev Rank	September/October 2012	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	50,972	1	50,227	1	-1.46%
ANTICONVULSANTS	35,947	2	34,773	2	-3.27%
ANXIOLYTICS - BENZODIAZEPINES	31,366	3	30,427	3	-2.99%
NARCOTICS - MISC.	30,710	4	29,539	4	-3.81%
BETA-LACTAMS / CLAVULANATE COMBO'S	18,077	9	25,503	5	41.08%
ANALGESICS - MISC.	25,226	5	24,694	6	-2.11%
ANTIPSYCHOTICS - ATYPICALS	24,927	6	24,584	7	-1.38%
ANTIASTHMATIC - BETA - ADRENERGICS	19,698	8	23,757	8	20.61%
ANTIHISTAMINES - NON-SEDATING	20,424	7	21,957	9	7.51%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	11,601	13	20,528	10	76.95%
STIMULANTS - AMPHETAMINES - LONG ACTING	14,950	10	15,944	11	6.65%
ANTIHYPERTENSIVES - CENTRAL	13,942	11	14,011	12	0.49%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	9,649	19	13,209	13	36.90%
CEPHALOSPORINS	10,469	17	12,650	14	20.83%
NSAIDS	12,014	12	12,498	15	4.03%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	10,941	14	12,075	16	10.36%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,591	16	10,965	17	3.53%
STIMULANTS - METHYLPHENIDATE	9,190	21	10,527	18	14.55%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,871	15	10,466	19	-3.73%
GI - H2-ANTAGONISTS	10,283	18	9,975	20	-3.00%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount July/August 2012	Paid Amount	Percent Change
		September/October 2012	
ABILIFY	\$3,348,251.54	\$3,283,843.53	-1.92%
METHYLPHENIDATE HCL ER	\$871,239.53	\$1,817,716.57	108.64%
VYVANSE	\$1,603,170.20	\$1,722,036.58	7.41%
ADVATE	\$1,472,470.35	\$1,256,362.71	-14.68%
ADDERALL XR	\$894,409.73	\$982,458.15	9.84%
SINGULAIR	\$1,719,927.09	\$893,344.89	-48.06%
FOCALIN XR	\$767,951.74	\$864,057.21	12.51%
LEXAPRO	\$691,493.25	\$676,667.49	-2.14%
CYMBALTA	\$660,060.15	\$629,827.65	-4.58%
ADVAIR DISKUS	\$617,660.12	\$616,459.51	-0.19%
GEODON	\$598,174.95	\$589,647.89	-1.43%
STRATTERA	\$520,136.58	\$539,743.07	3.77%
LANTUS	\$548,866.43	\$521,069.34	-5.06%
PROAIR HFA	\$472,284.58	\$501,619.59	6.21%
NOVOSEVEN RT	\$211,654.74	\$367,313.00	73.54%
PULMICORT	\$238,000.93	\$341,910.72	43.66%
AZITHROMYCIN	\$190,103.48	\$325,932.78	71.45%
SPIRIVA HANDIHALER	\$312,902.10	\$305,521.62	-2.36%
NOVOLOG	\$300,189.04	\$292,164.63	-2.67%
RISPERDAL CONSTA	\$256,714.83	\$254,291.35	-0.94%
GENOTROPIN	\$281,994.14	\$251,558.67	-10.79%
VALTREX	\$249,867.70	\$248,469.59	-0.56%
COPAXONE	\$285,765.80	\$246,239.84	-13.83%
INVEGA SUSTENNA	\$203,450.73	\$243,966.81	19.91%
HYDROCODONE/ACETAMINOPHEN	\$236,850.34	\$242,386.03	2.34%
LOVENOX	\$258,034.48	\$229,833.03	-10.93%
NASONEX	\$195,947.53	\$220,322.59	12.44%
AMPHETAMINE/DEXTROAMPHETA	\$280,340.43	\$219,157.03	-21.82%
CRESTOR	\$226,038.70	\$216,433.64	-4.25%
COMBIVENT	\$210,624.55	\$205,508.83	-2.43%
FLOVENT HFA	\$190,920.03	\$202,944.44	6.30%
MONTELUKAST SODIUM	\$2,378.34	\$202,432.85	8,411.52%
TRICOR	\$207,248.45	\$196,228.05	-5.32%
INVEGA	\$205,709.43	\$193,683.84	-5.85%
CEFDINIR	\$131,872.82	\$193,603.79	46.81%
SYMBICORT	\$196,520.15	\$190,428.92	-3.10%

ACTOS	\$192,713.78	\$179,646.52	-6.78%
VENTOLIN HFA	\$169,742.31	\$176,099.35	3.75%
QVAR	\$145,791.42	\$165,584.93	13.58%
AMOXICILLIN	\$108,639.71	\$161,523.16	48.68%
HUMIRA PEN	\$137,735.05	\$161,425.33	17.20%
DEXILANT	\$160,972.07	\$159,312.76	-1.03%
VESICARE	\$152,151.22	\$149,048.93	-2.04%
HUMALOG	\$150,375.35	\$148,149.99	-1.48%
QUETIAPINE FUMARATE	\$145,304.17	\$146,874.06	1.08%
ENBREL	\$136,111.94	\$141,834.98	4.20%
PULMOZYME	\$133,359.16	\$140,483.24	5.34%
ENBREL SURECLICK	\$154,855.64	\$139,895.09	-9.66%
PROVIGIL	\$128,563.95	\$139,664.75	8.63%
DEXEDRINE	\$127,934.07	\$134,517.14	5.15%
EXJADE	\$120,678.81	\$122,046.92	1.13%
RISPERIDONE	\$130,537.05	\$121,947.51	-6.58%
SEROQUEL XR	\$123,294.90	\$120,764.48	-2.05%
PERMETHRIN	\$121,749.06	\$120,224.39	-1.25%
OXYCONTIN	\$129,234.57	\$119,888.65	-7.23%
ACTHAR HP	\$119,059.30	\$119,059.30	0.00%
TOBI	\$134,420.83	\$117,639.27	-12.48%
FLUTICASONE PROPIONATE	\$110,807.68	\$114,511.71	3.34%
TOPAMAX	\$130,438.12	\$114,202.24	-12.45%
INCIVEK	\$87,415.05	\$110,139.00	26.00%
LANTUS SOLOSTAR	\$116,862.57	\$108,851.39	-6.86%
GENOTROPIN MINIQUEL	\$119,642.04	\$106,965.32	-10.60%
HUMIRA	\$109,247.66	\$104,994.69	-3.89%
SAPHRIS	\$95,709.24	\$104,088.25	8.75%
NOVOLOG FLEXPEN	\$108,566.62	\$102,280.18	-5.79%
DAYTRANA	\$84,609.96	\$102,240.77	20.84%
VIMPAT	\$98,128.87	\$100,041.83	1.95%
LORAZEPAM	\$104,736.58	\$98,963.04	-5.51%
ALPRAZOLAM	\$101,766.27	\$98,403.56	-3.30%
GABAPENTIN	\$124,207.13	\$97,547.65	-21.46%
LYRICA	\$110,347.04	\$97,489.55	-11.65%
AMOXICILLIN/CLAVULANATE P	\$71,469.93	\$96,206.46	34.61%
REBIF	\$138,661.75	\$95,163.61	-31.37%
NAGLAZYME	\$95,067.10	\$95,067.10	0.00%
ALBUTEROL SULFATE	\$60,021.67	\$94,678.16	57.74%
METADATE CD	\$87,302.98	\$92,709.73	6.19%

KUVAN	\$87,469.29	\$91,511.93	4.62%
ATRIPLA	\$113,029.46	\$91,406.58	-19.13%
RECOMBINATE	\$94,176.22	\$91,089.63	-3.28%
GLEEVEC	\$100,606.26	\$90,225.74	-10.32%
LAMICTAL	\$85,295.27	\$89,614.43	5.06%
PROVENTIL HFA	\$84,699.68	\$89,349.35	5.49%
FELBATOL	\$87,566.58	\$88,860.89	1.48%
DIASTAT ACUDIAL	\$93,909.24	\$88,637.09	-5.61%
KEPPRA	\$105,480.37	\$88,113.63	-16.46%
INTUNIV	\$89,667.15	\$86,551.04	-3.48%
HEMOFIL M	\$91,096.00	\$85,438.20	-6.21%
CLONAZEPAM	\$89,067.23	\$85,337.46	-4.19%
NUVARING	\$94,465.42	\$85,101.54	-9.91%
SUBOXONE	\$89,697.04	\$84,716.47	-5.55%
ELAPRASE	\$83,772.40	\$83,772.40	0.00%
MAXALT-MLT	\$86,857.66	\$83,165.46	-4.25%
ZETIA	\$78,646.91	\$81,480.35	3.60%
GAMUNEX-C	\$92,292.93	\$80,331.47	-12.96%
CREON	\$80,129.04	\$79,730.59	-0.50%
TRUVADA	\$71,718.65	\$79,657.54	11.07%
LORATADINE	\$77,854.81	\$78,712.08	1.10%
DEPAKOTE SPRINKLES	\$78,405.36	\$78,544.03	0.18%
TRILEPTAL	\$77,134.62	\$78,177.16	1.35%
ADVAIR HFA	\$72,602.66	\$77,742.24	7.08%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count July/August 2012	Prescription Count September/October 2012	Percent Change
Loratadine Tab 10 MG	10,434	10,524	0.86%
PROAIR HFA AER	8,842	9,438	6.74%
AZITHROMYCIN SUS 200/5ML	4,373	8,551	95.54%
AMOXICILLIN SUS 400/5ML	4,879	7,860	61.10%
ALBUTEROL NEB 0.083%	4,783	7,558	58.02%
AZITHROMYCIN TAB 250MG	4,426	7,535	70.24%
TRAMADOL HCL TAB 50MG	6,668	6,634	-0.51%
LORAZEPAM TAB 0.5MG	6,679	6,493	-2.78%
HYDROCO/APAP TAB 5-500MG	7,043	6,444	-8.50%
HYDROCO/APAP TAB 5-325MG	6,060	6,402	5.64%
Acetaminophen Tab 325 MG	6,041	5,978	-1.04%
Cetirizine HCl Tab 10 MG	5,450	5,800	6.42%
CLONIDINE TAB 0.1MG	5,807	5,751	-0.96%
RANITIDINE TAB 150MG	5,954	5,705	-4.18%
PREDNISOLONE SOL 15MG/5ML	6,578	5,680	12.86%
LORAZEPAM TAB 1MG	5,623	5,476	-2.61%
CLONAZEPAM TAB 1MG	5,720	5,438	-4.93%
CLONAZEPAM TAB 0.5MG	5,586	5,372	-3.83%
Aspirin Tab Delayed Release 81 MG	5,495	5,247	-4.51%
FLUOXETINE CAP 20MG	5,163	5,232	1.34%
GUANFACINE TAB 1MG	5,003	5,153	3.00%
LEXAPRO TAB 20MG	5,221	5,109	-2.15%
CYCLOBENZAPR TAB 10MG	4,776	4,755	-0.44%
ALPRAZOLAM TAB 0.5MG	4,759	4,585	-3.66%
AMOXICILLIN SUS 250/5ML	3,067	4,562	48.74%
ALPRAZOLAM TAB 1MG	4,636	4,502	-2.89%
FLUTICASONE SPR 50MCG	3,899	4,452	14.18%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,454	4,361	-2.09%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,266	4,254	-0.28%
METHYLPHENID TAB 36MG ER	1,986	3,999	101.36%
Aspirin Chew Tab 81 MG	4,112	3,990	-2.97%
IBUPROFEN TAB 800MG	3,956	3,833	-3.11%
VENTOLIN HFA AER	3,594	3,779	5.15%

Acetaminophen Tab 500 MG	3,816	3,709	-2.80%
AMOXICILLIN CAP 500MG	2,900	3,641	25.55%
SERTRALINE TAB 100MG	3,781	3,627	-4.07%
OMEPRazole CAP 20MG	3,429	3,600	4.99%
TRAZODONE TAB 50MG	3,517	3,462	-1.56%
CEPHALEXIN CAP 500MG	3,383	3,411	0.83%
PREDNISONE TAB 20MG	2,241	3,238	44.49%
TRAZODONE TAB 100MG	3,352	3,222	-3.88%
SMZ/TMP DS TAB 800-160	3,226	3,126	-3.10%
FOLIC ACID TAB 1MG	3,041	2,979	-2.04%
AZITHROMYCIN SUS 100/5ML	1,679	2,898	72.60%
CITALOPRAM TAB 20MG	3,000	2,887	-3.77%
GABAPENTIN CAP 300MG	2,805	2,872	2.39%
METHYLPHENID TAB 54MG ER	1,391	2,833	103.67%
RISPERIDONE TAB 1MG	2,718	2,782	2.35%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	2,274	2,747	20.80%
OXYCOD/APAP TAB 5-325MG	2,858	2,742	-4.06%
ZOLPIDEM TAB 10MG	2,632	2,697	2.47%
VYVANSE CAP 30MG	2,445	2,688	9.94%
ALPRAZOLAM TAB 0.25MG	2,728	2,653	-2.75%
METFORMIN TAB 500MG	2,578	2,514	-2.48%
Loratadine Syrup 5 MG/5ML	1,891	2,512	32.84%
CEFDINIR SUS 250/5ML	1,551	2,468	59.12%
SERTRALINE TAB 50MG	2,392	2,465	3.05%
SMZ-TMP SUS 200-40/5	2,321	2,338	0.73%
RISPERIDONE TAB 0.5MG	2,343	2,327	-0.68%
OMEPRazole CAP 40MG	2,209	2,304	4.30%
NAPROXEN TAB 500MG	2,250	2,276	1.16%
Sennosides Tab 8.6 MG	2,273	2,219	-2.38%
VYVANSE CAP 40MG	2,115	2,219	4.92%
LANTUS INJ 100/ML	2,373	2,191	-7.67%
MONTELUKAST TAB 10MG	31	2,174	6,912.90%
CITALOPRAM TAB 40MG	2,373	2,166	-8.72%
HYDROCO/APAP TAB 10-325MG	2,086	2,073	-0.62%
CEPHALEXIN SUS 250/5ML	2,134	2,062	-3.37%
CYMBALTA CAP 60MG	2,108	2,042	-3.13%
VYVANSE CAP 50MG	1,874	2,040	8.86%
MONTELUKAST CHW 5MG	77	2,035	2,542.86%

SIMVASTATIN TAB 20MG	2,103	2,010	-4.42%
AMOX/K CLAV TAB 875MG	1,613	2,007	24.43%
LISINOPRIL TAB 10MG	2,042	1,995	-2.30%
METRONIDAZOL TAB 500MG	1,962	1,992	1.53%
APAP/CODEINE TAB 300-30MG	1,982	1,991	0.45%
MUPIROCIN OIN 2%	2,191	1,965	-10.31%
DIAZEPAM TAB 5MG	2,080	1,961	-5.72%
HYDROCHLOROT TAB 25MG	2,109	1,934	-8.30%
SINGULAIR TAB 10MG	4,091	1,923	-52.99%
ABILIFY TAB 5MG	1,922	1,912	-0.52%
METHYLPHENID TAB 27MG ER	897	1,905	112.37%
LISINOPRIL TAB 20MG	1,929	1,889	-2.07%
Aspirin Tab Delayed Release 325 MG	1,987	1,880	-5.39%
POLYETH GLYC POW 3350 NF	1,468	1,868	27.25%
VENLAFAXINE CAP 150MG ER	1,860	1,860	0.00%
FLUCONAZOLE TAB 150MG	1,815	1,857	2.31%
CEFDINIR SUS 125/5ML	1,194	1,855	55.36%
PRENATAL TAB PLUS	1,607	1,850	15.12%
SIMVASTATIN TAB 40MG	2,026	1,847	-8.84%
SINGULAIR CHW 5MG	3,622	1,818	-49.81%
METFORMIN TAB 1000MG	1,866	1,784	-4.39%
MELOXICAM TAB 15MG	1,735	1,783	2.77%
VYVANSE CAP 20MG	1,478	1,779	20.37%
HYDROCO/APAP TAB 7.5-325	1,727	1,765	2.20%
HYDROCO/APAP TAB 7.5-500	1,857	1,760	-5.22%
Permethrin Lotion 1%	1,975	1,716	-13.11%
METHYLPHENID TAB 10MG	1,629	1,708	4.85%
PREDNISONE TAB 10MG	1,748	1,704	-2.52%

Bi-Monthly Statistics

	September/October 2012	November/December 2012	% CHANGE
Total Paid Amount	\$39,421,917	\$40,295,068	2.2%
Unique Users	163,615	166,070	1.5%
Cost Per User	\$240.94	\$242.64	0.7%
Total Prescriptions	684,250.0	681,203.0	-0.4%
Average Prescriptions Per User	4.18	4.10	-1.9%
Average Cost Per Prescription	\$57.61	\$59.15	2.7%
# Generic Prescriptions	548,039	554,722	1.2%
% Generic	80.1%	81.4%	1.7%
\$ Generic	\$7,410,438	\$7,709,900	4.0%
Average Generic Prescription Cost	\$13.52	\$13.90	2.8%
Average Days Supply	21	21	0.0%
# Brand Prescriptions	136,211	126,481	-7.1%
% Brand	19.9%	18.6%	-6.7%
\$ Brand	\$32,011,479	\$32,585,168	1.8%
Average Brand Prescription Cost	\$235.01	\$257.63	9.6%
Average Days Supply	25	25	0.0%
Note: All dollar amounts reported are pre-rebate			

Utilization by Age

Age	September/October 2012	November/December 2012
0-6	39,406	43,818
7-12	26,097	26,346
13-18	23,350	22,878
19-64	63,146	61,801
65+	11,616	11,227
	163,615	166,070

Utilization by Gender and Age

Gender	Age	September/October 2012	November/December 2012
F			
	0-6	18,590	20,561
	7-12	11,301	11,600
	13-18	12,336	12,255
	19-64	44,556	43,519
	65+	8,591	8,328
		95,374	96,263
M			
	0-6	20,816	23,257
	7-12	14,796	14,746
	13-18	11,014	10,623
	19-64	18,590	18,282
	65+	3,025	2,899
		68,241	69,807

Top 100 Pharmacies by Prescription Count

November/December 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #05239	DAVENPORT	IA	9,019	\$455,189.35	1
2	WALGREEN #04405	COUNCIL BLUFFS	IA	8,618	\$460,379.29	2
3	WALGREEN #05721	DES MOINES	IA	8,060	\$379,658.68	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	6,824	\$153,646.89	4
5	WALGREEN #359	DES MOINES	IA	6,381	\$307,595.96	5
6	WALGREEN #910	SIOUX CITY	IA	5,644	\$280,200.56	6
7	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,463	\$228,198.80	7
8	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,444	\$257,775.55	8
9	WALGREEN #05362	DES MOINES	IA	5,401	\$236,223.01	9
10	WALGREENS #07453	DES MOINES	IA	5,257	\$285,957.75	12
11	WALGREEN COMPANY 07455	WATERLOO	IA	5,229	\$226,366.83	10
12	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,229	\$248,248.41	11
13	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,767	\$126,808.14	13
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,452	\$240,008.65	14
15	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	4,031	\$236,561.53	16
16	WALGREEN #05852	DES MOINES	IA	3,912	\$176,342.90	15
17	WALGREEN #04041	DAVENPORT	IA	3,852	\$179,352.47	17
18	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,666	\$115,692.15	18
19	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,647	\$203,748.90	19
20	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,417	\$172,564.26	25
21	WALGREEN COMPANY 05777	DES MOINES	IA	3,412	\$141,730.81	22
22	RASHID PHARMACY PLC	FORT MADISON	IA	3,342	\$178,597.83	24
23	WALGREEN #11709	DAVENPORT	IA	3,305	\$152,917.45	21
24	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,248	\$148,477.85	20
25	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,234	\$176,055.82	23
26	WALGREEN #05044	BURLINGTON	IA	3,177	\$146,387.96	26
27	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	3,176	\$72,604.14	27
28	MAHASKA DRUG INC	OSKALOOSA	IA	3,161	\$154,314.74	30
29	WALGREENS #05119	CLINTON	IA	3,132	\$169,678.20	31
30	WALGREEN #03595	DAVENPORT	IA	3,113	\$159,299.97	28
31	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,054	\$152,137.13	32
32	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,012	\$141,242.49	29
33	WALGREENS #10855	WATERLOO	IA	2,955	\$133,644.23	33
34	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,878	\$120,614.08	46
35	WALGREEN #7452	DES MOINES	IA	2,841	\$125,372.97	35
36	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,832	\$199,287.55	36
37	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,777	\$129,855.20	37

38	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	2,768	\$72,854.93	34
39	WALGREEN #05361	FORT DODGE	IA	2,674	\$131,611.19	40
40	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,583	\$146,765.89	38
41	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,552	\$124,907.98	41
42	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,508	\$121,454.05	44
43	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,501	\$146,247.32	39
44	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,482	\$107,847.21	43
45	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,429	\$153,675.56	48
46	WALGREENS #09476	BURLINGTON	IA	2,337	\$112,899.47	42
47	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,266	\$110,547.85	47
48	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,258	\$105,303.94	45
49	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,240	\$90,165.66	55
50	WALGREEN #05886	KEOKUK	IA	2,240	\$90,215.02	51
51	WALGREENS 07968	DES MOINES	IA	2,166	\$101,811.67	53
52	DANIEL PHARMACY INC	FORT DODGE	IA	2,150	\$97,067.16	56
53	WALGREEN #09708	DUBUQUE	IA	2,143	\$90,802.34	59
54	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,131	\$117,847.85	61
55	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,128	\$134,467.06	52
56	MERCY CAREMOR	DUBUQUE	IA	2,127	\$53,426.96	50
57	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,091	\$97,971.48	54
58	WALGREEN #05077	IOWA CITY	IA	2,064	\$87,985.74	49
59	WALGREEN #4714	DES MOINES	IA	2,061	\$95,328.82	70
60	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	1,993	\$83,706.36	65
61	WALGREENS #11942	DUBUQUE	IA	1,991	\$101,358.71	63
62	WALGREEN #05942	NEWTON	IA	1,977	\$93,629.70	69
63	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,976	\$99,256.46	67
64	HY VEE PHARMACY #1449	NEWTON	IA	1,958	\$98,316.55	83
65	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	1,958	\$92,879.94	68
66	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,942	\$98,871.76	57
67	SCOTT PHARMACY INC	FAYETTE	IA	1,910	\$78,435.65	77
68	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,908	\$79,541.98	73
69	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,904	\$103,040.91	58
70	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,889	\$52,165.50	72
71	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,861	\$85,109.42	92
72	LA GRANGE PHARMACY INC	VINTON	IA	1,840	\$92,394.69	64
73	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,836	\$94,814.27	76
74	WALGREEN #03196	MARSHALLTOWN	IA	1,836	\$96,146.03	79
75	WALGREEN COMPANY DBA	OTTUMWA	IA	1,832	\$85,843.43	100
76	FIFIELD PHARMACY	DES MOINES	IA	1,832	\$90,751.80	90
77	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,823	\$111,017.93	103
79	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,817	\$99,891.66	81
80	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,817	\$100,449.69	66

78	WALGREENS #03876	MARION	IA	1,817	\$93,864.99	82
81	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,813	\$100,483.48	93
82	HY-VEE PHARMACY 1071	CLARINDA	IA	1,813	\$89,393.43	78
83	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,805	\$82,963.04	71
84	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	1,778	\$81,202.82	87
85	HY-VEE PHARMACY (1522)	PERRY	IA	1,773	\$64,954.61	85
86	HY-VEE PHARMACY (1075)	CLINTON	IA	1,770	\$142,735.75	84
87	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,767	\$88,895.48	75
88	WALGREEN COMPANY #05941	MASON CITY	IA	1,764	\$80,916.58	89
89	WAGNER PHARMACY	CLINTON	IA	1,754	\$96,438.33	80
90	GREENWOOD DRUG INC	WATERLOO	IA	1,736	\$124,977.32	86
91	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,732	\$71,118.45	101
92	MERWIN LTC PHARMACY	ANKENY	IA	1,723	\$103,991.78	62
93	WALGREENS #05977	CORALVILLE	IA	1,718	\$79,397.10	88
94	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,713	\$77,629.95	97
95	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	1,712	\$73,529.62	108
96	STANGEL PHARMACY	ONAWA	IA	1,711	\$87,007.12	98
97	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,693	\$103,746.66	128
98	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	1,691	\$74,232.12	102
99	HAMMER PHARMACY	DES MOINES	IA	1,661	\$113,924.26	91
100	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,655	\$281,575.73	60

Top 100 Pharmacies by Paid Amount

November/December 2012

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	ARJ INFUSION SERVICES INC	LENEXA	KS	11	\$1,593,235.59	1
2	INTRUST DBA	URBANDALE	IA	330	\$507,429.75	458
3	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	171	\$496,909.74	5
4	WALGREEN #04405	COUNCIL BLUFFS	IA	8,618	\$460,379.29	3
5	WALGREEN #05239	DAVENPORT	IA	9,019	\$455,189.35	4
6	WALGREEN #05721	DES MOINES	IA	8,060	\$379,658.68	6
7	CURASCRIPIT PHARMACY INC	ORLANDO	FL	33	\$372,645.24	8
8	WALGREEN #359	DES MOINES	IA	6,381	\$307,595.96	9
9	WALGREENS #07453	DES MOINES	IA	5,257	\$285,957.75	11
10	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,655	\$281,575.73	2
11	WALGREEN #910	SIOUX CITY	IA	5,644	\$280,200.56	10
12	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	72	\$271,156.00	19
13	WALGREENS INFUSION SERVICES	OMAHA	NE	75	\$259,437.95	24
14	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,444	\$257,775.55	12
15	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,229	\$248,248.41	15
16	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	9	\$246,217.66	20
17	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,452	\$240,008.65	14
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	4,031	\$236,561.53	18
19	WALGREEN #05362	DES MOINES	IA	5,401	\$236,223.01	13
20	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,463	\$228,198.80	17
21	WALGREEN COMPANY 07455	WATERLOO	IA	5,229	\$226,366.83	16
22	MEDFUSIONRX LLC	FRANKLIN	TN	74	\$206,104.31	22
23	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,647	\$203,748.90	25
24	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,832	\$199,287.55	26
25	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	1,110	\$197,653.50	23
26	WALGREEN #04041	DAVENPORT	IA	3,852	\$179,352.47	27
27	RASHID PHARMACY PLC	FORT MADISON	IA	3,342	\$178,597.83	31
28	WALGREEN #05852	DES MOINES	IA	3,912	\$176,342.90	29
29	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	3,234	\$176,055.82	28
30	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	11	\$175,338.70	7
31	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,417	\$172,564.26	30

32	WALGREENS #05119	CLINTON	IA	3,132	\$169,678.20	42
33	WALGREEN #03595	DAVENPORT	IA	3,113	\$159,299.97	37
34	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	36	\$158,305.28	21
35	MAHASKA DRUG INC	OSKALOOSA	IA	3,161	\$154,314.74	41
36	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,429	\$153,675.56	34
37	MARTIN HEALTH SERVICES INC	DENVER	IA	6,824	\$153,646.89	43
38	WALGREEN #11709	DAVENPORT	IA	3,305	\$152,917.45	32
39	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,054	\$152,137.13	39
40	MERCY SPECIALTY CARE PHARMACY	DES MOINES	IA	358	\$149,516.37	735
41	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,248	\$148,477.85	33
42	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,583	\$146,765.89	45
43	WALGREEN #05044	BURLINGTON	IA	3,177	\$146,387.96	36
44	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,501	\$146,247.32	40
45	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	22	\$143,258.71	91
46	HY-VEE PHARMACY (1075)	CLINTON	IA	1,770	\$142,735.75	74
47	WALGREEN COMPANY 05777	DES MOINES	IA	3,412	\$141,730.81	38
48	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,012	\$141,242.49	46
49	AXELACARE HEALTH SOLUTIONS LLC	LENEXA	KS	8	\$140,273.55	60
50	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	34	\$135,136.89	53
51	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,128	\$134,467.06	44
52	WALGREENS #10855	WATERLOO	IA	2,955	\$133,644.23	50
53	WALGREEN #05361	FORT DODGE	IA	2,674	\$131,611.19	57
54	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,777	\$129,855.20	47
55	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	27	\$129,657.61	120
56	CAREPRO HOME INFUSION	CEDAR RAPIDS	IA	150	\$129,304.30	578
57	AMBER PHARMACY	OMAHA	NE	131	\$128,069.60	49
58	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,767	\$126,808.14	56
59	WALGREEN #7452	DES MOINES	IA	2,841	\$125,372.97	51
60	GREENWOOD DRUG INC	WATERLOO	IA	1,736	\$124,977.32	52
61	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,552	\$124,907.98	55
62	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,508	\$121,454.05	72
63	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,878	\$120,614.08	69
64	HY-VEE PHARMACY 1382	LE MARS	IA	1,481	\$119,649.25	58
65	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	116	\$119,120.21	481
66	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,131	\$117,847.85	59
67	US BIOSERVICE CORPORATION	FRISCO	TX	36	\$115,987.49	35
68	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	3,666	\$115,692.15	48

69	HAMMER PHARMACY	DES MOINES	IA	1,661	\$113,924.26	61
70	WALGREENS #09476	BURLINGTON	IA	2,337	\$112,899.47	65
71	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,823	\$111,017.93	80
72	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,266	\$110,547.85	73
73	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,482	\$107,847.21	87
74	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,258	\$105,303.94	67
75	WALGREENS 11153	SPENCER	IA	1,594	\$104,114.58	76
76	MERWIN LTC PHARMACY	ANKENY	IA	1,723	\$103,991.78	64
77	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,693	\$103,746.66	105
78	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,904	\$103,040.91	63
79	WALGREENS 07968	DES MOINES	IA	2,166	\$101,811.67	62
80	WALGREENS #11942	DUBUQUE	IA	1,991	\$101,358.71	66
81	HY-VEE PHARMACY (1192)	FORT DODGE	IA	1,561	\$101,122.93	108
82	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,555	\$100,872.74	75
83	HY VEE DRUGSTORE 7007-039	AMES	IA	1,304	\$100,669.84	88
84	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,813	\$100,483.48	70
85	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,817	\$100,449.69	54
86	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,817	\$99,891.66	119
87	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,976	\$99,256.46	78
88	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	1,533	\$99,144.14	94
89	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,942	\$98,871.76	77
90	HY VEE PHARMACY #1449	NEWTON	IA	1,958	\$98,316.55	83
91	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,091	\$97,971.48	85
92	OPTION CARE ENTERPRISES INC	ANN ARBOR	MI	23	\$97,527.39	189
93	DANIEL PHARMACY INC	FORT DODGE	IA	2,150	\$97,067.16	82
94	WAGNER PHARMACY	CLINTON	IA	1,754	\$96,438.33	71
95	WALGREEN #03196	MARSHALLTOWN	IA	1,836	\$96,146.03	104
96	WALGREEN #4714	DES MOINES	IA	2,061	\$95,328.82	81
97	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,836	\$94,814.27	96
98	WALGREENS #03876	MARION	IA	1,817	\$93,864.99	89
99	WALGREEN #05942	NEWTON	IA	1,977	\$93,629.70	86
100	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	1,958	\$92,879.94	101

Top 100 Prescribing Providers by Prescription Count

November/December 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA HAMDAN ALLEN MD	\$188,013.30	1,966	1
2	BOBBITA NAG	\$152,825.20	1,709	6
3	LARRY RICHARDS DO	\$154,558.09	1,662	3
4	MARVIN F PIBURN JR	\$114,463.28	1,643	2
5	RAHUL BANSAL MD	\$153,374.33	1,542	7
6	QAZI UMAR JAVED MD	\$133,485.94	1,516	5
7	J PATRICK BERTROCHE DO	\$169,208.24	1,462	4
8	KATHLEEN L WILD ARNP	\$138,840.69	1,447	8
9	SRIRAMAMURTHY RAVIPATI MD	\$111,736.49	1,419	10
10	JOADA BEST ARNP	\$116,739.70	1,205	11
11	DENNIS S JONES MD	\$66,822.25	1,185	15
12	KENT ELDON KUNZE MD	\$130,157.43	1,176	12
13	KAREN FULWOOD ARNP	\$74,960.28	1,171	38
14	WILSON L DAVIS MD	\$29,539.62	1,164	28
15	BRYANT MUTCHLER DO	\$37,429.93	1,138	13
16	CAROL D AUNAN ARNP	\$89,641.42	1,122	14
17	DENNIS MILLER DO	\$43,982.91	1,121	18
18	RAY C STURDEVANT MD	\$106,902.43	1,073	22
19	JEFFREY D WILHARM MD	\$73,962.78	1,059	20
20	KATHRYN ENZLER PA	\$34,344.46	1,055	19
21	RAJNI BATRA MD	\$45,647.77	1,055	17
22	ALI SAFDAR MD	\$55,160.44	1,038	33
23	MARTIN J FIALKOV MD	\$84,601.78	1,026	16
24	DAVID M CRAVEN MD	\$61,879.35	1,008	29
25	CAROL SCHMIDT ARNP	\$41,826.92	1,000	27
26	REBECCA JEAN MARIE WOLF MD	\$74,279.23	995	25
27	EJIRO VIVIAN AGBORO-IDAHOA MD	\$84,890.60	993	26
28	WILLIAM M NISSEN MD	\$54,514.41	985	23
29	ALLYSON L WHEATON MD	\$92,516.23	982	43
30	MONTE BERNHAGEN MD	\$98,797.28	978	35
31	CYD Q GRAFFT ARNP	\$69,190.88	971	24
33	E RICHARD NIGHTINGALE MD	\$106,031.54	963	21

32	HIEDI STJARNA LANE ARNP	\$74,702.21	963	36
34	RONALD BRINK MD	\$106,525.70	949	31
35	CASIE M RINEY PAC	\$94,246.95	926	40
36	PETER JOSEPH SZEIBEL MD	\$86,169.52	919	42
37	ROBERT MARVIN KENT MD	\$34,409.08	903	49
38	ROBERT D CONNER	\$25,389.04	896	62
39	ADIB KASSAS MD	\$44,640.02	888	58
40	DEBRA ANN STUDER DO	\$15,347.63	883	63
41	THOMAS C PIEKENBROCK MD	\$43,612.93	881	41
42	ALBERT OKINE PAC	\$80,848.10	879	51
43	STEVEN PAULSRUD DO	\$37,968.99	858	32
44	JOSEPH M WANZEK	\$40,992.90	856	50
45	CHRISTOPHER GENE OKIISHI MD	\$60,793.82	856	65
47	FREDERICK C ALDRICH MD	\$29,473.82	850	37
46	RANDY R ROBINSON MD	\$38,823.22	850	55
48	TODD K POGUE DO	\$60,174.58	841	34
49	REBECCA WALDING ARNP	\$73,702.72	823	44
50	THOMAS SCOTT HOPKINS DO	\$80,827.04	822	54
51	ODUAH DANIEL OSARO MD	\$76,038.48	816	39
52	JAFFAR ALI SHAIKH MD	\$60,413.49	814	48
53	DANIEL JOSEPH ARNOLD DO	\$31,518.93	808	75
55	WILLIAM EARL HOWARD DO	\$79,224.90	805	60
54	CHRISTIAN W JONES MD	\$41,259.51	805	84
57	PAUL DENNIS PETERSON DO	\$33,333.67	802	53
56	KIMBERLY A THOMPSON DO	\$28,499.19	802	45
58	KATHLEEN S ADAMS ARNP	\$101,602.29	793	74
59	LEENU MISHRA MD	\$96,311.24	790	30
60	SHARON ELAINE DUCLOS MD	\$32,072.13	788	117
61	WILLI MARTENS MD	\$26,993.73	781	66
62	KEVIN WILLIAM BLECHLE DO	\$26,959.37	767	71
63	MARY C SEGRETO DO	\$100,643.75	765	80
65	DAVID M CRIPPIN MD	\$25,971.62	760	72
64	KRISHNA POOJAPPA MURTHY MD	\$62,924.57	760	46
66	JAMES BROOKS MD	\$69,811.65	759	78
67	TIMOTHY W SWINTON MD	\$30,022.66	754	69
68	ANDREA BETH HEMESATH ARNP	\$53,530.69	749	92
69	NEELAM KHADKE MD	\$35,095.60	742	116

70	KIRAN BHASKAR KHANOLKAR MD	\$27,260.57	737	83
71	JASON G DAVIS DO	\$28,023.49	734	161
72	SILEEN ANN PRINGLE ARNP	\$56,826.08	732	93
73	RANDALL KAVALIER DO	\$62,820.18	731	47
74	MAEN HADDADIN MD	\$24,617.77	728	99
75	HAMID REZA SAGHA MD	\$13,698.35	726	85
76	FRANK L BABCOCK, MD	\$40,104.47	721	132
77	PAULA JEAN CURRAN ARNP	\$39,838.36	721	56
78	SHAWN DENNIS JONES MD	\$58,907.72	719	52
79	STEFANIE RENEE YEARIAN ARNP	\$58,035.69	715	109
80	JIMMY RAE MASCARO DO	\$56,748.02	711	76
82	DOUGLAS HOWARD JONES MD	\$63,089.52	706	98
81	JERRY WILLE MD	\$28,161.42	706	119
83	MICHAEL LEE EGGER MD	\$60,719.92	700	108
84	MARK WILLIAM MITTAUER MD	\$50,445.65	700	113
86	CINDY GOSHORN ARNP	\$61,989.76	696	96
85	ERIC S PETERSEN DO	\$23,994.30	696	107
87	JON S AHRENDSEN MD	\$50,345.31	691	111
88	LEANNE MOREY PAC	\$76,548.41	684	61
91	DUSTIN RALPH SMITH MD	\$35,121.90	683	77
89	RENE M DUREGGER MD	\$76,631.90	683	255
90	VINAY SATTI MD	\$24,854.26	683	136
92	MICHAEL O'CONNER MD	\$18,568.28	673	196
93	SARAH LYNN BEATTIE ARNP	\$78,331.27	673	82
94	LAURA M VAN CLEVE DO	\$50,195.89	671	70
95	SANG O LEE MD	\$33,593.85	670	86
96	KATHLEEN LANGE	\$17,719.18	668	143
97	RODNEY DEAN MD	\$63,281.61	665	90
98	JERROLD V FLATT DO	\$21,665.34	662	94
99	ERIN VOYLES HATCHER ARNP	\$68,719.72	660	101
100	DAVID B WALKER MD	\$52,013.06	657	284

Top 100 Prescribing Providers by Paid Amount

November/December 2012

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	ROLLA F ABU-ARJA MD	\$1,592,915.13	10	1
2	JANICE MARIE ROSE STABER MD	\$463,826.08	34	2
3	VILMARIE RODRIGUEZ-PADUA MD	\$220,333.82	10	6
4	LISA JAYNE MENZIES MD	\$197,742.25	630	8
5	STEVEN LENTZ MD	\$192,457.37	19	3
6	GHADA HAMDAN ALLEN MD	\$188,013.30	1,966	4
7	J PATRICK BERTROCHE DO	\$169,208.24	1,462	5
8	LARRY RICHARDS DO	\$154,558.09	1,662	7
9	RAHUL BANSAL MD	\$153,374.33	1,542	9
10	BOBBITA NAG	\$152,825.20	1,709	11
11	DUANGCHAI NARAWONG MD	\$142,937.55	555	80
12	KATHLEEN L WILD ARNP	\$138,840.69	1,447	10
13	QAZI UMAR JAVED MD	\$133,485.94	1,516	13
14	KENT ELDON KUNZE MD	\$130,157.43	1,176	12
15	JOADA BEST ARNP	\$116,739.70	1,205	16
16	JENNIFER S COOK MD	\$114,832.31	502	14
17	MARVIN F PIBURN JR	\$114,463.28	1,643	20
18	SRIRAMAMURTHY RAVIPATI MD	\$111,736.49	1,419	19
19	LIUSKA MARIA PESCE	\$108,953.50	238	21
20	RAY C STURDEVANT MD	\$106,902.43	1,073	23
21	RONALD BRINK MD	\$106,525.70	949	22
22	E RICHARD NIGHTINGALE MD	\$106,031.54	963	17
23	KATHLEEN S ADAMS ARNP	\$101,602.29	793	27
24	MARY C SEGRETO DO	\$100,643.75	765	30
25	MONTE BERNHAGEN MD	\$98,797.28	978	26
26	BRUCE L HUGHES MD	\$97,652.64	79	31
27	LEENU MISHRA MD	\$96,311.24	790	18
28	CASIE RINEY PAC	\$94,246.95	926	41
29	ALLYSON L WHEATON MD	\$92,516.23	982	44
30	JULIE K OSTERHAUS ARNP	\$91,254.83	236	56
31	CAROL D AUNAN ARNP	\$89,641.42	1,122	29
32	PETER JOSEPH SZEIBEL MD	\$86,169.52	919	40
33	EVA TSALIKIAN MD	\$85,177.55	171	34
34	EJIRO VIVIAN AGBORO-IDAHOA MD	\$84,890.60	993	33
35	MARTIN J FIALKOV MD	\$84,601.78	1,026	39
36	ALBERT OKINE PAC	\$80,848.10	879	35
37	THOMAS SCOTT HOPKINS DO	\$80,827.04	822	38
38	DEANNA BOOK BOESEN MD	\$79,879.75	651	36
39	WILLIAM EARL HOWARD DO	\$79,224.90	805	178
40	MARC C PATTERSON MD	\$78,440.71	45	32
41	SARAH LYNN BEATTIE ARNP	\$78,331.27	673	46

42	DAVID YURDIN PA	\$77,941.07	372	28
43	RENE M DUREGGER MD	\$76,631.90	683	107
44	LEANNE MOREY PAC	\$76,548.41	684	25
45	ODUAH DANIEL OSARO MD	\$76,038.48	816	42
46	KAREN FULWOOD ARNP	\$74,960.28	1,171	71
47	HIEDI STJARNA LANE ARNP	\$74,702.21	963	47
48	REBECCA JEAN MARIE WOLF MD	\$74,279.23	995	52
49	JEFFREY D WILHARM MD	\$73,962.78	1,059	59
50	REBECCA WALDING ARNP	\$73,702.72	823	37
51	CARLA K ABEL-ZIEG ARNP	\$71,402.79	644	43
52	ANTHONY G ZAMUDIO ARNP	\$70,749.30	489	55
53	ELIZABETH LUCILLE DOWD ARNP	\$70,430.52	234	50
54	JAMES BROOKS MD	\$69,811.65	759	48
55	CYD Q GRAFFT ARNP	\$69,190.88	971	45
56	ERIN VOYLES HATCHER ARNP	\$68,719.72	660	51
57	CHRISTOPHER ALAN ROKES GAGLIUFFI	\$68,566.48	60	2,072
58	DANIEL M SLEITER ARNP	\$66,909.59	113	63
59	DENNIS S JONES MD	\$66,822.25	1,185	70
60	TONYA LYNN PUSKI ARNP	\$66,325.59	647	65
61	JUDITH A MILLER ARNP	\$65,555.61	12	49
62	MARY W NIXON ARNP	\$65,165.31	621	57
63	KEITH GUESS PA	\$64,354.01	645	66
64	RODNEY DEAN MD	\$63,281.61	665	60
65	DOUGLAS HOWARD JONES MD	\$63,089.52	706	61
66	KRISHNA POOJAPPA MURTHY MD	\$62,924.57	760	54
67	RANDALL KAVALIER DO	\$62,820.18	731	53
68	LIEM-SOM OEI MD	\$62,815.33	76	15
69	CINDY GOSHORN ARNP	\$61,989.76	696	78
70	DAVID M CRAVEN MD	\$61,879.35	1,008	127
71	WENDY ANNE WALDMAN MD	\$61,874.22	329	76
72	CECELIA M NASSIF ARNP	\$61,831.98	582	114
73	CHRISTOPHER GENE OKIISHI MD	\$60,793.82	856	83
74	MICHAEL LEE EGGER MD	\$60,719.92	700	67
75	JAFFAR ALI SHAIKH MD	\$60,413.49	814	128
76	TODD K POGUE DO	\$60,174.58	841	62
77	KATHLEEN GRIFFITH ARNP	\$59,935.33	525	74
78	DANIEL EDWARD WESEMANN ARNP	\$59,800.11	570	73
79	FARRAH MARIE HASSEBROEK	\$59,678.42	418	98
80	SHAWN DENNIS JONES MD	\$58,907.72	719	87
81	RICARDO RENE FLORES MD	\$58,625.33	145	100
82	LAURIE WARREN	\$58,319.96	563	85
83	STEFANIE RENEE YEARIAN ARNP	\$58,035.69	715	82
84	SHERRY DIANNE DEKEYSER MD	\$56,985.86	459	68
85	SILEEN ANN PRINGLE ARNP	\$56,826.08	732	90
86	JIMMY RAE MASCARO DO	\$56,748.02	711	75
87	DAVID B MOORE, M.D.	\$56,106.84	244	86

88	ALI SAFDAR MD	\$55,160.44	1,038	108
89	WILLIAM M NISSEN MD	\$54,514.41	985	79
90	JANNE L JOHNSON	\$54,249.21	436	88
91	ANDREA BETH HEMESATH ARNP	\$53,530.69	749	123
92	JONATHAN MORAVEK MD	\$52,431.82	119	81
93	KATHRYN CAROLE BREITBACH ARNP	\$52,075.87	42	4,421
94	DAVID B WALKER MD	\$52,013.06	657	182
95	CRAIG N SEAMANDS MD	\$51,974.39	654	103
96	DEBORAH L GARRELTS MD	\$51,878.86	542	92
97	MATT D EGGERS MD	\$50,848.50	522	102
98	CLIFFORD A MCNAUGHTON MD	\$50,658.44	646	111
99	MARK WILLIAM MITTAUER MD	\$50,445.65	700	104
100	JON S AHRENDSEN MD	\$50,345.31	691	117

Top 20 Therapeutic Class by Paid Amount

Category Description	September/October 2012	Rank	% Budget	November/December 2012	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$5,328,733	1	13.5%	\$5,271,193	1	13.1%	-1.1%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,856,338	2	7.2%	\$2,820,211	2	7.0%	-1.3%
ANTIHEMOPHILIC AGENTS	\$1,952,508	4	5.0%	\$2,559,756	3	6.4%	31.1%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,062,998	3	5.2%	\$2,058,361	4	5.1%	-0.2%
ANTICONVULSANTS	\$1,757,165	6	4.5%	\$1,704,444	5	4.2%	-3.0%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,870,840	5	4.7%	\$1,609,039	6	4.0%	-14.0%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,159,366	7	2.9%	\$1,175,640	7	2.9%	1.4%
DIABETIC - INSULIN	\$1,079,125	9	2.7%	\$1,118,647	8	2.8%	3.7%
STIMULANTS - METHYLPHENIDATE	\$1,054,882	10	2.7%	\$1,096,135	9	2.7%	3.9%
RSV PROPHYLAXIS	\$510	272	0.0%	\$1,032,378	10	2.6%	202172.4%
ANTIASTHMATIC - BETA - ADRENERGICS	\$975,659	11	2.5%	\$892,709	11	2.2%	-8.5%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$783,753	13	2.0%	\$816,230	12	2.0%	4.1%
ANTIASTHMATIC - STEROID INHALANTS	\$807,083	12	2.0%	\$780,311	13	1.9%	-3.3%
GROWTH HORMONE	\$551,808	15	1.4%	\$586,248	14	1.5%	6.2%
MULTIPLE SCLEROSIS AGENTS	\$563,998	14	1.4%	\$567,169	15	1.4%	0.6%
NARCOTICS - MISC.	\$494,903	16	1.3%	\$481,591	16	1.2%	-2.7%
INFLUENZA AGENTS	\$42,562	109	0.1%	\$439,859	17	1.1%	933.5%
CEPHALOSPORINS	\$312,550	26	0.8%	\$427,394	18	1.1%	36.7%
BETA-LACTAMS / CLAVULANATE COMBO'S	\$341,619	22	0.9%	\$404,636	19	1.0%	18.4%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$431,217	17	1.1%	\$399,638	20	1.0%	-7.3%

Top 20 Therapeutic Class by Prescription Count

Category Description	September/October 2012	Prev Rank	November/December 2012	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	50,312	1	50,485	1	0.34%
ANTICONVULSANTS	34,883	2	34,439	2	-1.27%
ANXIOLYTICS - BENZODIAZEPINES	30,620	3	29,969	3	-2.13%
BETA-LACTAMS / CLAVULANATE COMBO'S	25,529	5	29,637	4	16.09%
NARCOTICS - MISC.	29,622	4	28,075	5	-5.22%
ANTIPSYCHOTICS - ATYPICALS	24,730	7	24,841	6	0.45%
ANALGESICS - MISC.	24,915	6	24,761	7	-0.62%
ANTIASTHMATIC - BETA - ADRENERGICS	23,737	8	23,235	8	-2.11%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	20,544	10	22,503	9	9.54%
ANTIHISTAMINES - NON-SEDATING	21,996	9	18,773	10	-14.65%
STIMULANTS - AMPHETAMINES - LONG ACTING	15,962	11	15,829	11	-0.83%
ANTIHYPERTENSIVES - CENTRAL	14,048	12	14,023	12	-0.18%
CEPHALOSPORINS	12,657	14	13,756	13	8.68%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	13,230	13	12,630	14	-4.54%
NSAIDS	12,488	15	12,307	15	-1.45%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	12,079	16	12,053	16	-0.22%
STIMULANTS - METHYLPHENIDATE	10,535	18	10,562	17	0.26%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,490	19	10,549	18	0.56%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,965	17	10,068	19	-8.18%
GI - H2-ANTAGONISTS	9,989	20	9,996	20	0.07%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount	Paid Amount	Percent Change
	September/October 2012	November/December 2012	
ABILIFY	\$3,303,101.03	\$3,254,241.07	-1.48%
METHYLPHENIDATE HCL ER	\$1,818,684.09	\$1,855,541.47	2.03%
VYVANSE	\$1,723,837.26	\$1,748,796.68	1.45%
NOVOSEVEN RT	\$367,313.00	\$1,086,799.00	195.88%
SYNAGIS	\$510.39	\$1,032,378.21	202,172.42%
ADVATE	\$1,256,362.71	\$987,500.54	-21.40%
ADDERALL XR	\$982,707.58	\$919,308.53	-6.45%
FOCALIN XR	\$864,417.12	\$915,420.96	5.90%
CYMBALTA	\$629,079.40	\$643,413.61	2.28%
ADVAIR DISKUS	\$616,282.61	\$615,905.14	-0.06%
STRATTERA	\$540,997.04	\$578,745.52	6.98%
GEODON	\$592,430.32	\$573,193.48	-3.25%
LANTUS	\$521,923.57	\$551,608.96	5.69%
PROAIR HFA	\$500,732.50	\$444,817.68	-11.17%
TAMIFLU	\$15,303.14	\$429,956.43	2,709.60%
AZITHROMYCIN	\$326,180.94	\$359,283.54	10.15%
SPIRIVA HANDIHALER	\$306,560.86	\$330,757.30	7.89%
PULMICORT	\$340,484.96	\$327,186.49	-3.91%
GENOTROPIN	\$249,658.62	\$304,103.78	21.81%
CEFDINIR	\$193,695.91	\$295,093.45	52.35%
LEXAPRO	\$676,682.84	\$289,008.35	-57.29%
NOVOLOG	\$292,506.04	\$288,634.11	-1.32%
RISPERDAL CONSTA	\$254,291.35	\$271,165.10	6.64%
INVEGA SUSTENNA	\$244,260.03	\$252,632.23	3.43%
HYDROCODONE/ACETAMINOPHEN	\$242,867.11	\$234,764.49	-3.34%
AMPHETAMINE/DEXTROAMPHETA	\$219,964.97	\$229,654.12	4.40%
CRESTOR	\$217,378.12	\$219,702.26	1.07%
LOVENOX	\$229,414.74	\$212,369.56	-7.43%
MONTELUKAST SODIUM	\$202,405.82	\$210,695.54	4.10%
ACTHAR HP	\$119,059.30	\$208,356.89	75.00%
COPAXONE	\$246,239.84	\$208,203.55	-15.45%
COMBIVENT	\$205,302.73	\$203,889.10	-0.69%
SYMBICORT	\$190,371.52	\$197,769.65	3.89%
INVEGA	\$191,977.70	\$194,494.57	1.31%
RECOMBINATE	\$91,089.63	\$193,421.86	112.34%
AMOXICILLIN	\$161,719.69	\$188,972.95	16.85%

FLOVENT HFA	\$202,570.48	\$188,944.29	-6.73%
TRICOR	\$197,005.51	\$186,955.91	-5.10%
VALTREX	\$248,591.47	\$182,338.22	-26.65%
ACTOS	\$179,299.29	\$175,911.94	-1.89%
NASONEX	\$220,026.33	\$175,476.57	-20.25%
EXJADE	\$122,046.92	\$171,480.37	40.50%
QVAR	\$164,734.66	\$167,104.06	1.44%
VENTOLIN HFA	\$176,487.21	\$166,008.46	-5.94%
HUMALOG	\$148,169.99	\$156,607.90	5.69%
DEXILANT	\$159,468.05	\$156,523.67	-1.85%
VESICARE	\$149,269.26	\$148,542.36	-0.49%
INCIVEK	\$110,139.00	\$146,852.00	33.33%
QUETIAPINE FUMARATE	\$147,513.51	\$145,276.94	-1.52%
HUMIRA PEN	\$161,425.33	\$143,163.00	-11.31%
NAGLAZYME	\$95,067.10	\$142,600.65	50.00%
ENBREL SURECLICK	\$139,895.09	\$140,380.02	0.35%
ENBREL	\$141,834.98	\$139,830.12	-1.41%
TOBI	\$117,639.27	\$139,782.66	18.82%
DEXEDRINE	\$134,517.14	\$137,960.22	2.56%
PROVIGIL	\$139,664.75	\$131,648.00	-5.74%
PULMOZYME	\$140,483.24	\$127,637.51	-9.14%
LANTUS SOLOSTAR	\$108,706.50	\$123,778.51	13.86%
AMOXICILLIN/CLAVULANATE P	\$96,376.17	\$123,662.87	28.31%
OXYCONTIN	\$121,964.77	\$122,947.73	0.81%
RISPERIDONE	\$122,276.55	\$122,464.14	0.15%
SEROQUEL XR	\$120,879.37	\$118,828.89	-1.70%
PERMETHRIN	\$120,224.08	\$117,087.15	-2.61%
ALBUTEROL SULFATE	\$94,592.77	\$112,893.68	19.35%
REBIF	\$95,163.61	\$111,690.52	17.37%
TOPAMAX	\$114,202.24	\$109,478.93	-4.14%
ESCITALOPRAM OXALATE	\$4,449.51	\$108,732.66	2,343.70%
VIMPAT	\$100,195.08	\$106,069.92	5.86%
LYRICA	\$97,573.05	\$101,679.53	4.21%
NOVOLOG FLEXPEN	\$101,859.92	\$101,397.83	-0.45%
SAPHRIS	\$102,742.05	\$100,911.35	-1.78%
GENOTROPIN MINIQUICK	\$106,965.32	\$99,169.13	-7.29%
ALPRAZOLAM	\$98,773.59	\$98,192.36	-0.59%
DAYTRANA	\$102,300.77	\$97,891.58	-4.31%
LORAZEPAM	\$99,792.53	\$97,682.01	-2.11%
KEPPRA	\$89,677.35	\$94,171.24	5.01%

TEMODAR	\$55,683.95	\$93,391.24	67.72%
XIFAXAN	\$75,109.15	\$92,926.18	23.72%
FLUTICASONE PROPIONATE	\$114,317.23	\$91,919.12	-19.59%
BENEFIX	\$37,972.62	\$89,422.90	135.49%
INTUNIV	\$86,965.47	\$86,106.50	-0.99%
ATRIPLA	\$91,406.58	\$85,984.28	-5.93%
LAMICTAL	\$89,268.29	\$84,671.63	-5.15%
CLONAZEPAM	\$85,549.33	\$84,208.73	-1.57%
CREON	\$79,730.59	\$83,554.72	4.80%
HEMOFIL M	\$85,438.20	\$83,550.20	-2.21%
LATUDA	\$68,268.47	\$82,915.95	21.46%
GAMUNEX-C	\$80,331.47	\$82,407.76	2.58%
GLEEVEC	\$90,225.74	\$81,230.21	-9.97%
FELBATOL	\$88,860.89	\$81,108.79	-8.72%
NUVARING	\$85,004.09	\$81,094.96	-4.60%
BETASERON	\$70,891.81	\$80,409.41	13.43%
SUBOXONE	\$85,528.01	\$80,318.80	-6.09%
MAXALT-MLT	\$83,679.09	\$79,713.00	-4.74%
DEPAKOTE SPRINKLES	\$78,403.48	\$79,349.12	1.21%
PROVENTIL HFA	\$89,269.29	\$79,346.18	-11.12%
DIASTAT ACUDIAL	\$88,637.09	\$79,227.08	-10.62%
HUMIRA	\$104,994.69	\$78,929.62	-24.83%
GABAPENTIN	\$97,628.15	\$78,876.85	-19.21%
ZETIA	\$81,635.31	\$78,126.60	-4.30%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count September/October 2012	Prescription Count November/December 2012	Percent Change
AZITHROMYCIN SUS 200/5ML	8,564	9,824	14.71%
AMOXICILLIN SUS 400/5ML	7,873	9,818	24.70%
Loratadine Tab 10 MG	10,550	9,440	-10.52%
ALBUTEROL NEB 0.083%	7,545	8,459	12.11%
PROAIR HFA AER	9,421	8,423	-10.59%
AZITHROMYCIN TAB 250MG	7,531	7,945	5.50%
TRAMADOL HCL TAB 50MG	6,654	6,385	-4.04%
LORAZEPAM TAB 0.5MG	6,574	6,365	-3.18%
HYDROCO/APAP TAB 5-325MG	6,422	6,291	-2.04%
Acetaminophen Tab 325 MG	6,062	5,928	-2.21%
CLONIDINE TAB 0.1MG	5,768	5,846	1.35%
PREDNISOLONE SOL 15MG/5ML	11,356	5,842	-34.98%
RANITIDINE TAB 150MG	5,712	5,755	0.75%
HYDROCO/APAP TAB 5-500MG	6,439	5,662	-12.07%
CLONAZEPAM TAB 1MG	5,461	5,402	-1.08%
CLONAZEPAM TAB 0.5MG	5,380	5,248	-2.45%
LORAZEPAM TAB 1MG	5,516	5,233	-5.13%
AMOXICILLIN SUS 250/5ML	4,570	5,217	14.16%
FLUOXETINE CAP 20MG	5,232	5,213	-0.36%
Aspirin Tab Delayed Release 81 MG	5,302	5,183	-2.24%
Cetirizine HCl Tab 10 MG	5,817	5,084	-12.60%
GUANFACINE TAB 1MG	5,160	5,056	-2.02%
ALPRAZOLAM TAB 1MG	4,517	4,574	1.26%
ALPRAZOLAM TAB 0.5MG	4,595	4,536	-1.28%
CYCLOBENZAPR TAB 10MG	4,759	4,493	-5.59%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,401	4,284	-2.66%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,273	4,098	-4.10%
METHYLPHENID TAB 36MG ER	4,002	4,021	0.47%
Aspirin Chew Tab 81 MG	4,016	3,962	-1.34%
MONTELUKAST TAB 10MG	2,177	3,897	79.01%
Acetaminophen Tab 500 MG	3,740	3,726	-0.37%
AMOXICILLIN CAP 500MG	3,633	3,688	1.51%
SERTRALINE TAB 100MG	3,628	3,613	-0.41%

FLUTICASONE SPR 50MCG	4,445	3,594	-19.15%
IBUPROFEN TAB 800MG	3,823	3,590	-6.09%
GABAPENTIN CAP 300MG	2,865	3,584	25.10%
VENTOLIN HFA AER	3,789	3,573	-5.70%
OMEPRazole CAP 20MG	3,618	3,514	-2.87%
TRAZODONE TAB 50MG	3,476	3,484	0.23%
MONTELUKAST CHW 5MG	2,037	3,407	67.26%
TRAZODONE TAB 100MG	3,229	3,263	1.05%
CEFDINIR SUS 250/5ML	2,469	3,198	29.53%
AZITHROMYCIN SUS 100/5ML	2,902	3,180	9.58%
ESCITALOPRAM TAB 20MG	116	3,154	2,618.97%
CEPHALEXIN CAP 500MG	3,409	3,113	-8.68%
METHYLPHENID TAB 54MG ER	2,836	2,969	4.69%
SMZ/TMP DS TAB 800-160	3,133	2,928	-6.54%
FOLIC ACID TAB 1MG	2,993	2,904	-2.97%
CITALOPRAM TAB 20MG	2,882	2,880	-0.07%
RISPERIDONE TAB 1MG	2,798	2,807	0.32%
PREDNISONE TAB 20MG	3,239	2,749	-15.13%
VYVANSE CAP 30MG	2,688	2,710	0.82%
ALPRAZOLAM TAB 0.25MG	2,672	2,669	-0.11%
ZOLPIDEM TAB 10MG	2,698	2,642	-2.08%
OXYCOD/APAP TAB 5-325MG	2,746	2,624	-4.44%
SERTRALINE TAB 50MG	2,466	2,501	1.42%
METFORMIN TAB 500MG	2,516	2,482	-1.35%
MONTELUKAST CHW 4MG	1,413	2,456	73.81%
RISPERIDONE TAB 0.5MG	2,339	2,454	4.92%
CEFDINIR SUS 125/5ML	1,857	2,377	28.00%
OMEPRazole CAP 40MG	2,304	2,356	2.26%
VYVANSE CAP 40MG	2,221	2,312	4.10%
ONDANSETRON TAB 4MG ODT	1,433	2,291	59.87%
LANTUS INJ 100/ML	2,196	2,284	4.01%
CITALOPRAM TAB 40MG	2,172	2,205	1.52%
SMZ-TMP SUS 200-40/5	2,337	2,174	-6.97%
AMOX/K CLAV TAB 875MG	2,010	2,171	8.01%
NAPROXEN TAB 500MG	2,278	2,169	-4.78%
Sennosides Tab 8.6 MG	2,225	2,145	-3.60%
Ibuprofen Susp 100 MG/5ML	1,610	2,108	30.93%
LEXAPRO TAB 20MG	5,110	2,106	-58.79%

Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	2,748	2,091	-23.91%
HYDROCO/APAP TAB 10-325MG	2,083	2,082	-0.05%
SIMVASTATIN TAB 20MG	2,014	2,046	1.59%
CYMBALTA CAP 60MG	2,040	2,040	0.00%
POLYETH GLYC POW 3350 NF	1,863	2,035	9.23%
VYVANSE CAP 50MG	2,047	2,011	-1.76%
DIAZEPAM TAB 5MG	1,967	2,006	1.98%
CEPHALEXIN SUS 250/5ML	2,060	1,991	-3.35%
HYDROCHLOROT TAB 25MG	1,934	1,972	1.96%
LISINOPRIL TAB 10MG	1,993	1,956	-1.86%
VENLAFAXINE CAP 150MG ER	1,862	1,950	4.73%
LISINOPRIL TAB 20MG	1,896	1,922	1.37%
METHYLPHENID TAB 27MG ER	1,905	1,914	0.47%
ABILIFY TAB 5MG	1,931	1,909	-1.14%
AMOX/K CLAV SUS 600/5ML	1,369	1,878	37.18%
Aspirin Tab Delayed Release 325 MG	1,904	1,874	-1.58%
Loratadine Syrup 5 MG/5ML	2,507	1,849	-26.25%
SIMVASTATIN TAB 40MG	1,854	1,830	-1.29%
METRONIDAZOL TAB 500MG	1,986	1,806	-9.06%
METFORMIN TAB 1000MG	1,789	1,792	0.17%
APAP/CODEINE TAB 300-30MG	1,997	1,773	-11.22%
TAMIFLU SUS 6MG/ML	68	1,769	2,501.47%
MUPIROCIN OIN 2%	1,973	1,742	-11.71%
PRENATAL TAB PLUS	1,840	1,738	-5.54%
VYVANSE CAP 20MG	1,779	1,728	-2.87%
MELOXICAM TAB 15MG	1,778	1,720	-3.26%
METHYLPHENID TAB 10MG	1,713	1,716	0.18%
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	1,388	1,709	23.13%

Bi-Monthly Statistics

	November/December 2012	January/February 2013	% CHANGE
Total Paid Amount	\$40,363,814	\$38,444,690	-4.8%
Unique Users	166,296	161,645	-2.8%
Cost Per User	\$242.72	\$237.83	-2.0%
Total Prescriptions	682,957.0	662,817.0	-2.9%
Average Prescriptions Per User	4.11	4.10	-0.2%
Average Cost Per Prescription	\$59.10	\$58.00	-1.9%
# Generic Prescriptions	570,768	556,338	-2.5%
% Generic	83.6%	83.9%	0.4%
\$ Generic	\$9,645,408	\$10,331,732	7.1%
Average Generic Prescription Cost	\$16.90	\$18.57	9.9%
Average Days Supply	21	21	0.0%
# Brand Prescriptions	112,189	106,479	-5.1%
% Brand	16.4%	16.1%	-2.3%
\$ Brand	\$30,718,406	\$28,112,957	-8.5%
Average Brand Prescription Cost	\$273.81	\$264.02	-3.6%
Average Days Supply	25	25	0.0%

Note: All dollar amounts reported are pre-rebate

Utilization by Age

Age	November/December 2012	January/February 2013
0-6	43,852	40,770
7-12	26,338	28,655
13-18	22,919	24,109
19-64	61,726	58,466
65+	11,461	9,645
	166,296	161,645

Utilization by Gender and Age

Gender	Age	November/December 2012	January/February 2013
F			
	0-6	20,569	19,333
	7-12	11,590	12,671
	13-18	12,269	12,238
	19-64	43,404	41,729
	65+	8,504	7,003
		96,336	92,974
M			
	0-6	23,283	21,437
	7-12	14,748	15,984
	13-18	10,650	11,871
	19-64	18,322	16,737
	65+	2,957	2,642
		69,960	68,671

Top 100 Pharmacies by Prescription Count

January/February 2013

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #05239	DAVENPORT	IA	9,086	\$448,406.27	1
2	WALGREEN #04405	COUNCIL BLUFFS	IA	8,820	\$425,030.96	2
3	WALGREEN #05721	DES MOINES	IA	7,648	\$351,422.62	3
4	WALGREEN #359	DES MOINES	IA	5,853	\$271,762.33	5
5	MARTIN HEALTH SERVICES INC	DENVER	IA	5,827	\$144,510.43	4
6	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,727	\$252,713.63	7
7	WALGREEN #910	SIOUX CITY	IA	5,546	\$273,039.10	6
8	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,520	\$225,793.28	8
9	WALGREEN #05362	DES MOINES	IA	5,191	\$225,774.18	9
10	WALGREEN COMPANY 07455	WATERLOO	IA	5,114	\$208,672.73	11
11	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,101	\$227,623.97	12
12	WALGREENS #07453	DES MOINES	IA	4,931	\$256,870.00	10
13	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,177	\$112,419.45	13
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,059	\$206,587.52	14
15	WALGREEN #04041	DAVENPORT	IA	3,885	\$176,832.50	17
16	WALGREEN #05852	DES MOINES	IA	3,865	\$173,903.76	16
17	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,777	\$210,795.00	15
18	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,609	\$189,762.89	19
19	WALGREEN #11709	DAVENPORT	IA	3,486	\$162,373.96	23
20	RASHID PHARMACY PLC	FORT MADISON	IA	3,474	\$174,528.58	22
21	WALGREEN COMPANY 05777	DES MOINES	IA	3,465	\$148,334.00	21
22	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,398	\$158,475.98	20
23	WALGREEN #05044	BURLINGTON	IA	3,325	\$148,724.54	27
24	WALGREENS #05119	CLINTON	IA	3,255	\$165,011.33	29
25	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,206	\$141,554.17	24
26	WALGREEN #03595	DAVENPORT	IA	3,142	\$152,930.33	30
27	MAHASKA DRUG INC	OSKALOOSA	IA	3,090	\$150,714.69	28
28	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,089	\$135,194.74	32
29	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	2,909	\$142,817.99	25
30	WALGREENS #10855	WATERLOO	IA	2,863	\$124,220.64	33
31	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,819	\$132,163.32	31
32	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	2,797	\$64,761.05	26
33	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,757	\$120,528.41	42
34	WALGREEN #7452	DES MOINES	IA	2,752	\$111,370.56	35
35	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,695	\$177,214.10	36
36	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,684	\$142,956.55	38
37	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	2,643	\$147,473.23	65

38	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,604	\$143,937.93	43
39	WALGREEN #05361	FORT DODGE	IA	2,526	\$113,451.45	39
40	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,519	\$144,824.84	44
41	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,444	\$80,707.82	18
42	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,440	\$115,351.34	41
43	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,390	\$140,163.15	40
44	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,383	\$115,454.10	47
45	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,381	\$118,424.60	48
46	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,358	\$111,557.06	34
47	WALGREENS #09476	BURLINGTON	IA	2,298	\$104,996.79	46
48	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,259	\$76,130.51	50
49	WALGREEN #09708	DUBUQUE	IA	2,258	\$90,761.81	54
50	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,242	\$101,381.62	45
51	DANIEL PHARMACY INC	FORT DODGE	IA	2,198	\$98,222.75	53
52	WALGREEN #05886	KEOKUK	IA	2,182	\$89,092.29	49
53	WALGREENS 07968	DES MOINES	IA	2,140	\$104,305.73	51
54	WALGREENS #11942	DUBUQUE	IA	2,133	\$103,905.39	60
55	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,095	\$113,340.83	56
56	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	2,086	\$56,936.83	37
57	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,063	\$97,344.71	57
58	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,049	\$116,914.62	55
59	WALGREEN #05077	IOWA CITY	IA	1,999	\$88,676.54	59
60	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,995	\$86,746.22	85
61	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,993	\$104,063.98	67
62	MEDICAP PHARMACY	INDIANOLA	IA	1,983	\$77,844.75	62
63	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,965	\$107,050.71	71
64	WALGREENS #03876	MARION	IA	1,964	\$93,665.67	80
65	HY-VEE PHARMACY (1522)	PERRY	IA	1,927	\$74,623.82	87
66	LA GRANGE PHARMACY INC	VINTON	IA	1,919	\$94,663.88	74
67	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,905	\$82,116.21	69
68	WALGREEN #05942	NEWTON	IA	1,902	\$85,956.72	61
69	WALGREEN #4714	DES MOINES	IA	1,899	\$91,726.28	58
70	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,875	\$96,882.73	82
71	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,865	\$94,869.29	64
72	HY-VEE PHARMACY 1071	CLARINDA	IA	1,857	\$88,181.23	72
73	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,847	\$90,022.67	88
74	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,812	\$133,332.21	90
75	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,808	\$99,939.09	83
76	WAGNER PHARMACY	CLINTON	IA	1,806	\$97,075.44	91
77	MERCY CAREMOR	DUBUQUE	IA	1,801	\$43,208.91	52
78	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,759	\$87,609.73	78
79	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,701	\$80,020.69	97
80	HY VEE PHARMACY #1449	NEWTON	IA	1,701	\$76,461.36	66

81	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,699	\$82,242.31	79
82	WALGREEN #03196	MARSHALLTOWN	IA	1,695	\$83,505.63	75
83	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,692	\$87,447.89	73
84	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,689	\$102,411.08	84
85	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,685	\$68,257.51	94
86	STANGEL PHARMACY	ONAWA	IA	1,684	\$86,549.37	98
87	WALGREEN #07454	ANKENY	IA	1,670	\$102,138.21	105
88	HY-VEE PHARMACY (1075)	CLINTON	IA	1,656	\$113,700.64	86
89	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	1,638	\$66,569.44	63
90	SCOTT PHARMACY INC	FAYETTE	IA	1,630	\$70,109.11	68
91	HY-VEE PHARMACY (1634)	STORM LAKE	IA	1,619	\$81,382.95	120
92	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	1,610	\$73,691.96	99
93	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,604	\$93,833.05	100
94	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,600	\$86,701.02	108
95	WAGNER CLINIC PHARMACY	CLINTON	IA	1,595	\$71,760.77	129
96	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	1,592	\$65,012.26	96
97	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,589	\$71,117.67	110
98	WALGREEN COMPANY DBA	OTTUMWA	IA	1,582	\$61,895.52	77
99	FIFIELD PHARMACY	DES MOINES	IA	1,581	\$78,737.60	81
100	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	1,578	\$67,469.31	124

Top 100 Pharmacies by Paid Amount

January/February 2013

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	INTRUST DBA	URBANDALE	IA	382	\$712,011.03	2
2	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	19	\$540,778.20	30
3	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	181	\$517,668.96	3
4	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	95	\$453,707.65	11
5	WALGREEN #05239	DAVENPORT	IA	9,086	\$448,406.27	5
6	WALGREEN #04405	COUNCIL BLUFFS	IA	8,820	\$425,030.96	4
7	WALGREEN #05721	DES MOINES	IA	7,648	\$351,422.62	7
8	WALGREEN #910	SIOUX CITY	IA	5,546	\$273,039.10	10
9	WALGREEN #359	DES MOINES	IA	5,853	\$271,762.33	8
10	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	8	\$270,628.09	15
11	WALGREENS #07453	DES MOINES	IA	4,931	\$256,870.00	9
12	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,727	\$252,713.63	13
13	WALGREENS INFUSION SERVICES	OMAHA	NE	84	\$249,181.31	12
14	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	5,101	\$227,623.97	14
15	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,520	\$225,793.28	19
16	WALGREEN #05362	DES MOINES	IA	5,191	\$225,774.18	18
17	MEDFUSIONRX LLC	FRANKLIN	TN	76	\$223,102.39	21
18	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	157	\$213,919.30	166
19	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,777	\$210,795.00	16
20	WALGREEN COMPANY 07455	WATERLOO	IA	5,114	\$208,672.73	20
21	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	48	\$206,806.75	34
22	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	4,059	\$206,587.52	17
23	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,609	\$189,762.89	22
24	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	894	\$178,304.61	25
25	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,695	\$177,214.10	24
26	WALGREEN #04041	DAVENPORT	IA	3,885	\$176,832.50	26
27	ARJ INFUSION SERVICES INC	LENEXA	KS	2	\$176,289.18	1
28	RASHID PHARMACY PLC	FORT MADISON	IA	3,474	\$174,528.58	27
29	WALGREEN #05852	DES MOINES	IA	3,865	\$173,903.76	28
30	CVS CAREMARK	MOUNT PROSPECT	IL	16	\$171,703.37	233
31	WALGREENS #05119	CLINTON	IA	3,255	\$165,011.33	31

32	OPTION CARE ENTERPRISES INC	ANN ARBOR	MI	43	\$162,767.41	90
33	WALGREEN #11709	DAVENPORT	IA	3,486	\$162,373.96	38
34	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,398	\$158,475.98	32
35	WALGREEN #03595	DAVENPORT	IA	3,142	\$152,930.33	33
36	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	94	\$152,610.80	66
37	AMBER PHARMACY	OMAHA	NE	123	\$151,469.71	58
38	MAHASKA DRUG INC	OSKALOOSA	IA	3,090	\$150,714.69	36
39	WALGREEN #05044	BURLINGTON	IA	3,325	\$148,724.54	43
40	WALGREEN COMPANY 05777	DES MOINES	IA	3,465	\$148,334.00	47
41	CAREPRO HOME INFUSION	CEDAR RAPIDS	IA	133	\$148,127.06	54
42	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	2,643	\$147,473.23	99
43	CURASCRIPIT PHARMACY INC	ORLANDO	FL	19	\$145,241.98	6
44	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,519	\$144,824.84	44
45	MARTIN HEALTH SERVICES INC	DENVER	IA	5,827	\$144,510.43	35
46	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,604	\$143,937.93	37
47	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,684	\$142,956.55	56
48	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	2,909	\$142,817.99	29
49	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	26	\$142,372.57	57
50	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,206	\$141,554.17	41
51	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,390	\$140,163.15	42
52	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,089	\$135,194.74	49
53	WAL-MART PHARMACY 10-5315	LAKE MARY	FL	25	\$133,644.67	282
54	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,812	\$133,332.21	23
55	US BIOSERVICE CORPORATION	FRISCO	TX	38	\$132,516.35	68
56	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,819	\$132,163.32	39
57	MERCY SPECIALTY CARE PHARMACY	DES MOINES	IA	314	\$129,075.01	40
58	WALGREENS #10855	WATERLOO	IA	2,863	\$124,220.64	52
59	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	33	\$123,136.40	50
60	AXELACARE HEALTH SOLUTIONS LLC	LENEXA	KS	6	\$122,299.33	48
61	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,757	\$120,528.41	64
62	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,381	\$118,424.60	74
63	A AVENUE PHARMACY	CEDAR RAPIDS	IA	2,049	\$116,914.62	51
64	HY-VEE PHARMACY 1382	LE MARS	IA	1,489	\$116,224.10	65
65	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	9	\$115,753.78	45
66	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,383	\$115,454.10	71
67	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,440	\$115,351.34	61

68	HY-VEE PHARMACY (1075)	CLINTON	IA	1,656	\$113,700.64	46
69	WALGREEN #05361	FORT DODGE	IA	2,526	\$113,451.45	53
70	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	2,095	\$113,340.83	67
71	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,177	\$112,419.45	55
72	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,358	\$111,557.06	62
73	WALGREEN #7452	DES MOINES	IA	2,752	\$111,370.56	59
74	CYSTIC FIBROSIS SERVICES INC	CENTENNIAL	CO	60	\$109,061.91	288
75	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,965	\$107,050.71	78
76	WALGREENS #09476	BURLINGTON	IA	2,298	\$104,996.79	70
77	WALGREENS 07968	DES MOINES	IA	2,140	\$104,305.73	79
78	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,993	\$104,063.98	88
79	WALGREENS #11942	DUBUQUE	IA	2,133	\$103,905.39	80
80	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,689	\$102,411.08	86
81	WALGREEN #07454	ANKENY	IA	1,670	\$102,138.21	119
82	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,242	\$101,381.62	73
83	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,808	\$99,939.09	72
84	WALGREENS 11153	SPENCER	IA	1,570	\$98,534.48	76
85	DANIEL PHARMACY INC	FORT DODGE	IA	2,198	\$98,222.75	92
86	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,063	\$97,344.71	91
87	WAGNER PHARMACY	CLINTON	IA	1,806	\$97,075.44	95
88	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,875	\$96,882.73	81
89	HY-VEE PHARMACY (1192)	FORT DODGE	IA	1,461	\$96,814.89	84
90	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	1,556	\$96,420.46	89
91	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,865	\$94,869.29	87
92	LA GRANGE PHARMACY INC	VINTON	IA	1,919	\$94,663.88	103
93	MERWIN LTC PHARMACY	ANKENY	IA	1,398	\$94,173.68	75
94	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,604	\$93,833.05	77
95	WALGREENS #03876	MARION	IA	1,964	\$93,665.67	101
96	FOUNDATION CARE LLC	EARTH CITY	MO	67	\$91,932.62	120
97	WALGREEN #4714	DES MOINES	IA	1,899	\$91,726.28	96
98	WALGREEN #09708	DUBUQUE	IA	2,258	\$90,761.81	104
99	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,847	\$90,022.67	110
100	WALGREEN #05886	KEOKUK	IA	2,182	\$89,092.29	107

Top 100 Prescribing Providers by Prescription Count

January/February 2013

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA HAMDAN ALLEN MD	\$181,356.94	2,018	1
2	LARRY LEONARD RICHARDS DO	\$145,429.33	1,718	3
3	RAHUL BANSAL MD	\$139,073.02	1,671	5
4	BOBBITA NAG	\$135,490.70	1,593	2
5	KATHLEEN L WILD ARNP	\$125,714.11	1,503	8
6	QAZI UMAR JAVED MD	\$105,736.15	1,476	6
7	SRIRAMAMURTHY RAVIPATI MD	\$96,494.19	1,308	9
8	MARVIN F PIBURN JR	\$89,202.21	1,282	4
9	ROBERT D CONNER	\$32,319.32	1,261	25
10	KAREN FULWOOD ARNP	\$80,795.08	1,247	14
11	DENNIS S JONES MD	\$77,084.61	1,216	11
12	J PATRICK BERTROCHE DO	\$116,157.87	1,209	7
13	KENT ELDON KUNZE MD	\$107,421.08	1,193	12
14	RAJNI BATRA MD	\$64,034.68	1,188	22
15	JOADA BEST ARNP	\$103,318.31	1,178	10
16	CAROL D AUNAN ARNP	\$93,734.32	1,162	17
17	KATHRYN ENZLER PA	\$32,548.82	1,095	21
18	BRYANT MUTCHLER DO	\$34,034.32	1,078	15
19	JEFFREY D WILHARM MD	\$67,406.68	1,064	20
20	CYD Q GRAFFT ARNP	\$69,394.36	1,060	33
21	REBECCA JEAN MARIE WOLF MD	\$76,832.62	1,057	26
22	DENNIS MILLER DO	\$38,862.92	1,042	16
23	ALLYSON L WHEATON MD	\$90,910.97	1,020	30
24	E RICHARD NIGHTINGALE MD	\$93,845.61	1,014	29
25	RAY C STURDEVANT MD	\$97,488.66	992	18
26	DAVID M CRAVEN MD	\$54,140.46	984	19
27	CHRISTOPHER GENE OKIISHI MD	\$64,678.08	960	55
28	MARTIN J FIALKOV MD	\$67,738.67	944	24
29	KIMBERLY A THOMPSON DO	\$32,477.19	943	57
30	RONALD BRINK MD	\$99,465.33	938	35
31	EJIRO V AGBORO-IDAHOUSA MD	\$67,745.09	906	27
32	CAROL SCHMIDT ARNP	\$42,046.76	897	31

33	CASSIE RINEY PAC	\$90,104.91	894	36
34	HIEDI STJARNA LANE ARNP	\$68,879.65	881	34
35	MARY C SEGRETO DO	\$114,859.80	874	64
36	PETER SZEIBEL MD	\$78,363.63	857	37
37	JASON G DAVIS DO	\$34,529.92	852	75
38	ANDREA HEMESATH ARNP	\$53,671.62	851	69
39	MONTE BERNHAGEN MD	\$81,293.69	843	32
40	ROBERT MARVIN KENT MD	\$32,846.68	842	38
41	VIRILIO CORPUZ MD	\$51,433.24	842	138
42	ALI SAFDAR MD	\$45,563.66	829	23
43	SHAWN DENNIS JONES MD	\$57,439.94	828	80
44	THOMAS SCOTT HOPKINS DO	\$76,198.44	827	48
45	ALBERT OKINE PAC	\$78,965.25	820	41
46	ODUAH DANIEL OSARO MD	\$77,354.03	814	51
47	KRISHNA POOJAPPA MURTHY MD	\$62,767.90	807	50
48	ERIC S PETERSEN DO	\$26,040.48	805	86
49	JOSEPH M WANZEK	\$36,034.98	798	47
50	RANDY R ROBINSON MD	\$40,973.18	795	44
51	JAFFAR ALI SHAIKH MD	\$66,046.04	791	52
52	STEVEN PAULSRUD DO	\$40,425.91	788	43
53	WILLIAM M NISSEN MD	\$38,455.62	785	28
54	LEENU MISHRA MD	\$77,642.12	776	60
55	FRANK L BABCOCK, MD	\$40,442.69	774	95
56	MAEN HADDADIN MD	\$26,667.30	773	68
57	NEELAM KHADKE MD	\$44,621.82	773	71
58	FREDERICK C ALDRICH MD	\$29,630.03	772	45
59	DONNER DEWDNEY MD	\$41,111.81	771	70
61	WILLIAM EARL HOWARD DO	\$71,198.43	765	54
60	PAULA JEAN CURRAN ARNP	\$39,406.23	765	79
62	PAUL DENNIS PETERSON DO	\$34,585.60	748	58
63	DAVID M CRIPPIN MD	\$27,113.36	747	65
64	LISA JAYNE MENZIES MD	\$224,506.36	743	115
65	DANIEL JOSEPH ARNOLD DO	\$31,578.23	741	53
66	KATHLEEN S ADAMS ARNP	\$88,926.65	737	59
67	RENE M DUREGGER MD	\$76,931.78	737	92
68	CECELIA M NASSIF ARNP	\$59,988.78	735	134
69	CHRISTIAN W JONES MD	\$34,913.70	734	56

70	THOMAS PIEKENBROCK MD	\$41,048.51	731	42
71	TIMOTHY W SWINTON MD	\$25,208.20	731	67
72	RANDALL KAVALIER DO	\$63,934.17	730	77
73	DEBRA ANN STUDER DO	\$13,269.57	730	39
75	WILSON L DAVIS MD	\$31,294.17	723	13
74	WILLIAM R DAWS MD	\$28,238.20	723	192
76	KEVIN WILLIAM BLECHLE DO	\$29,907.09	722	63
77	SHARON ELAINE DUCLOS MD	\$30,976.60	721	61
78	CARLA K ABEL-ZIEG ARNP	\$61,622.28	717	109
79	DAVID B WALKER MD	\$54,348.32	715	103
80	PREETI BHATIA MD	\$37,598.31	714	152
81	WILLI MARTENS MD	\$25,623.58	706	62
82	VINAY V SATTI MD	\$27,909.62	705	90
83	DAVID WENGER-KELLER MD	\$31,531.35	704	118
84	MARK COLLINS DO	\$47,188.69	701	74
85	SARAH LYNN BEATTIE ARNP	\$79,833.12	698	96
86	STEFANIE RENEE YEARIAN ARNP	\$50,414.88	696	83
87	DEANNA BOOK BOESEN MD	\$75,081.24	695	106
89	MICHAEL O'CONNER MD	\$20,568.16	692	89
88	POMILLA CHHABRA KUMAR MD	\$37,252.76	692	114
90	KEITH GUESS PA	\$57,819.80	690	110
91	ADIB KASSAS MD	\$37,745.09	681	40
92	ROBERT K FRYZEK MD	\$17,821.50	680	244
93	JON S AHRENDSEN MD	\$49,198.65	679	87
94	JERROLD V FLATT DO	\$21,250.52	676	100
95	JASON EKWENA MD	\$11,187.43	676	113
96	SINA J LINMAN ARNP	\$28,480.09	669	142
97	TONYA LYNN PUSKI ARNP	\$60,246.20	668	107
98	ERIN VOYLES HATCHER ARNP	\$60,261.67	664	101
99	MICHAEL PIPLANI MD	\$26,529.95	663	154
100	DANIEL T VANDENBOSCH, M.D.	\$23,581.74	662	105

Top 100 Prescribing Providers by Paid Amount January/February 2013

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$840,904.66	39	2
2	LISA JAYNE MENZIES MD	\$224,506.36	743	4
3	VILMARIE RODRIGUEZ-PADUA MD	\$218,860.90	9	3
4	GHADA HAMDAN ALLEN MD	\$181,356.94	2,018	5
5	ROLLA F ABU-ARJA MD	\$174,216.96	1	1
6	CHARUTA NARAYAN JOSHI MD	\$163,702.39	357	116
7	LIUSKA MARIA PESCE	\$148,479.68	267	18
8	LARRY LEONARD RICHARDS DO	\$145,429.33	1,718	7
9	ELIZABETH LUCILLE DOWD ARNP	\$143,001.04	212	53
10	RAHUL BANSAL MD	\$139,073.02	1,671	8
11	BOBBITA NAG	\$135,490.70	1,593	9
12	KATHLEEN L WILD ARNP	\$125,714.11	1,503	11
13	LIEM-SOM OEI MD	\$120,429.01	87	68
14	J PATRICK BERTROCHE DO	\$116,157.87	1,209	6
15	MARY C SEGRETO DO	\$114,859.80	874	23
16	JENNIFER S COOK MD	\$114,193.43	517	15
17	KENT ELDON KUNZE MD	\$107,421.08	1,193	13
18	JULIE K OSTERHAUS ARNP	\$107,069.87	259	30
19	QAZI UMAR JAVED MD	\$105,736.15	1,476	12
20	JOADA BEST ARNP	\$103,318.31	1,178	14
21	RONALD BRINK MD	\$99,465.33	938	22
22	RAY C STURDEVANT MD	\$97,488.66	992	20
23	SRIRAMAMURTHY RAVIPATI MD	\$96,494.19	1,308	17
24	ALLADDIN ABOSAIDA MD	\$94,555.30	174	128
25	E RICHARD NIGHTINGALE MD	\$93,845.61	1,014	21
26	CAROL D AUNAN ARNP	\$93,734.32	1,162	31
27	ALLYSON L WHEATON MD	\$90,910.97	1,020	29
28	CASIE RINEY PAC	\$90,104.91	894	27
29	DANIEL M SLEITER ARNP	\$90,056.74	136	58
30	MARVIN F PIBURN JR	\$89,202.21	1,282	16
31	KATHLEEN S ADAMS ARNP	\$88,926.65	737	24
32	MARC C PATTERSON MD	\$82,168.23	48	39
33	MONTE BERNHAGEN MD	\$81,293.69	843	25
34	JUDITH A MILLER ARNP	\$81,151.78	17	62
35	KAREN FULWOOD ARNP	\$80,795.08	1,247	46
36	BRUCE L HUGHES MD	\$79,937.59	66	26
37	SARAH LYNN BEATTIE ARNP	\$79,833.12	698	40
38	ALBERT OKINE PAC	\$78,965.25	820	36
39	PETER SZEIBEL MD	\$78,363.63	857	32
40	EVA TSALIKIAN MD	\$77,826.96	160	33
41	LEENU MISHRA MD	\$77,642.12	776	28

42	ODUAH DANIEL OSARO MD	\$77,354.03	814	45
43	DENNIS S JONES MD	\$77,084.61	1,216	60
44	RENE M DUREGGER MD	\$76,931.78	737	43
45	REBECCA JEAN MARIE WOLF MD	\$76,832.62	1,057	50
46	THOMAS SCOTT HOPKINS DO	\$76,198.44	827	37
47	DEANNA BOOK BOESEN MD	\$75,081.24	695	42
48	WILLIAM EARL HOWARD DO	\$71,198.43	765	38
49	KELLY JEAN SEILER MD	\$69,643.84	139	111
50	CYD Q GRAFFT ARNP	\$69,394.36	1,060	59
51	HIEDI STJARNA LANE ARNP	\$68,879.65	881	47
52	EJIRO V AGBORO-IDAHOA MD	\$67,745.09	906	34
53	MARTIN J FIALKOV MD	\$67,738.67	944	35
54	JEFFREY D WILHARM MD	\$67,406.68	1,064	48
55	MARY W NIXON ARNP	\$67,058.80	656	63
56	JOHN F STECKER MD	\$66,472.00	581	332
57	JAFFAR ALI SHAIKH MD	\$66,046.04	791	75
58	CHRISTOPHER GENE OKIISHI MD	\$64,678.08	960	81
59	RAJNI BATRA MD	\$64,034.68	1,188	114
60	RANDALL KAVALIER DO	\$63,934.17	730	78
61	JAMES BROOKS MD	\$62,778.62	661	54
62	KRISHNA POOJAPPA MURTHY MD	\$62,767.90	807	56
63	CARLA K ABEL-ZIEG ARNP	\$61,622.28	717	51
64	KATHRYN CAROLE BREITBACH ARNP	\$61,369.21	44	96
65	TAMMY KAY COLEGROVE ARNP	\$61,057.92	87	476
66	ERIN VOYLES HATCHER ARNP	\$60,261.67	664	57
67	TONYA LYNN PUSKI ARNP	\$60,246.20	668	61
68	DANIEL EDWARD WESEMANN ARNP	\$60,180.49	647	76
69	CECELIA M NASSIF ARNP	\$59,988.78	735	73
70	KATHLEEN M GRADOVILLE ARNP	\$59,869.06	202	109
71	DAVID YURIN PA	\$58,705.51	283	41
72	ANTHONY G ZAMUDIO ARNP	\$57,892.38	429	52
73	KEITH GUESS PA	\$57,819.80	690	65
74	MARIA J STEELE ARNP	\$57,737.28	60	137
75	SHAWN DENNIS JONES MD	\$57,439.94	828	82
76	PAMELA S BROWN ARNP	\$56,408.06	544	187
77	JENNIFER WEIS PA	\$54,969.74	29	115
78	MICHAEL J TANSEY MD	\$54,422.42	129	155
79	DAVID B WALKER MD	\$54,348.32	715	99
80	DAVID M CRAVEN MD	\$54,140.46	984	69
81	DAVID B MOORE, M.D.	\$54,099.46	232	90
82	ANDREA HEMESATH ARNP	\$53,671.62	851	94
83	RODNEY DEAN MD	\$53,307.09	576	64
84	DUANGCHAI NARAWONG MD	\$52,612.67	575	10
85	JONATHAN MORAVEK MD	\$52,261.92	114	95
86	SHERRY DIANNE DEKEYSER MD	\$51,488.82	370	86
87	VIRGILIO CORPUZ MD	\$51,433.24	842	239

88	EYADEL NAJDAWI MD	\$51,306.60	247	181
89	WENDY ANNE WALDMAN MD	\$51,274.91	288	71
90	CINDY GOSHORN ARNP	\$51,236.38	603	70
91	JEFFREY CHRISTIAN DUNKELBERG MD	\$50,789.46	42	197
92	STEFANIE RENEE YEARIAN ARNP	\$50,414.88	696	85
93	ERIC DONALD HAUGEN MD	\$50,234.68	385	130
94	DIANE LYNN EASTMAN ARNP	\$50,145.82	40	372
95	MATT D EGGERS MD	\$49,904.46	565	100
96	JON S AHRENDSEN MD	\$49,198.65	679	104
97	JANNE L JOHNSON	\$49,029.03	443	93
98	SIF HANSDOTTIR MD	\$48,943.08	12	188
99	RICARDO RENE FLORES MD	\$48,677.72	139	80
100	MICHAEL LEE EGGER MD	\$48,075.79	608	67

Top 20 Therapeutic Class by Paid Amount

Category Description	November/December 2012	Rank	% Budget	January/February 2013	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$5,276,722	1	13.1%	\$4,007,305	1	10.4%	-24.1%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,804,493	2	6.9%	\$2,894,188	2	7.5%	3.2%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,038,376	4	5.1%	\$2,023,983	3	5.3%	-0.7%
ANTICONVULSANTS	\$1,696,401	5	4.2%	\$1,635,271	4	4.3%	-3.6%
RSV PROPHYLAXIS	\$1,030,034	10	2.6%	\$1,502,643	5	3.9%	45.9%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,607,774	6	4.0%	\$1,318,793	6	3.4%	-18.0%
ANTIHEMOPHILIC AGENTS	\$2,651,570	3	6.6%	\$1,312,737	7	3.4%	-50.5%
STIMULANTS - METHYLPHENIDATE	\$1,088,454	9	2.7%	\$1,173,267	8	3.1%	7.8%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,174,669	7	2.9%	\$1,130,618	9	2.9%	-3.8%
DIABETIC - INSULIN	\$1,117,890	8	2.8%	\$1,102,412	10	2.9%	-1.4%
ANTIASTHMATIC - BETA - ADRENERGICS	\$889,943	11	2.2%	\$869,344	11	2.3%	-2.3%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$807,473	12	2.0%	\$809,255	12	2.1%	0.2%
ANTIASTHMATIC - STEROID INHALANTS	\$776,549	13	1.9%	\$794,263	13	2.1%	2.3%
GROWTH HORMONE	\$588,154	14	1.5%	\$678,296	14	1.8%	15.3%
INFLUENZA AGENTS	\$439,351	17	1.1%	\$645,792	15	1.7%	47.0%
MULTIPLE SCLEROSIS AGENTS	\$567,169	15	1.4%	\$560,902	16	1.5%	-1.1%
CEPHALOSPORINS	\$426,375	18	1.1%	\$543,328	17	1.4%	27.4%
NARCOTICS - MISC.	\$482,263	16	1.2%	\$497,076	18	1.3%	3.1%
BETA-LACTAMS / CLAVULANATE COMBO'S	\$403,676	19	1.0%	\$442,858	19	1.2%	9.7%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$400,077	20	1.0%	\$409,018	20	1.1%	2.2%

Top 20 Therapeutic Class by Prescription Count

Category Description	November/December 2013	Prev Rank	January/February 2013	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	50,537	1	51,244	1	1.40%
BETA-LACTAMS / CLAVULANATE COMBO'S	29,660	4	31,756	2	7.07%
ANTICONVULSANTS	34,588	2	27,995	3	-19.06%
NARCOTICS - MISC.	28,098	5	27,217	4	-3.14%
ANTIPSYCHOTICS - ATYPICALS	24,983	7	24,977	5	-0.02%
ANALGESICS - MISC.	25,262	6	24,840	6	-1.67%
ANTIASTHMATIC - BETA - ADRENERGICS	23,201	8	23,997	7	3.43%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	22,503	9	20,940	8	-6.95%
ANTIHISTAMINES - NON-SEDATING	18,873	10	18,106	9	-4.06%
STIMULANTS - AMPHETAMINES - LONG ACTING	15,861	11	16,042	10	1.14%
CEPHALOSPORINS	13,757	13	15,079	11	9.61%
ANTIHYPERTENSIVES - CENTRAL	14,033	12	14,574	12	3.86%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	12,645	14	12,930	13	2.25%
ANXIOLYTICS - BENZODIAZEPINES	30,170	3	12,634	14	-58.12%
NSAIDS	12,292	15	12,374	15	0.67%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	12,059	16	12,225	16	1.38%
STIMULANTS - METHYLPHENIDATE	10,567	18	10,856	17	2.73%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,575	17	10,438	18	-1.30%
GI - H2-ANTAGONISTS	10,010	20	10,232	19	2.22%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,024	19	9,557	20	-4.66%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount November/December 2013	Paid Amount January/February 2013	Percent Change
ABILIFY	\$3,256,905.95	\$2,334,319.60	-28.33%
VYVANSE	\$1,740,377.30	\$1,874,196.32	7.69%
METHYLPHENIDATE HCL ER	\$1,837,450.71	\$1,810,418.37	-1.47%
SYNAGIS	\$1,030,033.64	\$1,502,642.59	45.88%
FOCALIN XR	\$907,728.05	\$974,015.05	7.30%
ADDERALL XR	\$912,812.28	\$854,888.58	-6.35%
ADVATE	\$987,500.54	\$832,797.67	-15.67%
CYMBALTA	\$642,239.56	\$660,671.41	2.87%
TAMIFLU	\$429,521.66	\$637,942.63	48.52%
ADVAIR DISKUS	\$617,397.41	\$594,636.31	-3.69%
STRATTERA	\$574,583.94	\$579,905.32	0.93%
LANTUS	\$550,278.02	\$519,336.20	-5.62%
VENTOLIN HFA	\$165,727.73	\$446,286.43	169.29%
CEFdinIR	\$293,646.66	\$407,603.82	38.81%
AZITHROMYCIN	\$358,166.95	\$357,348.95	-0.23%
PULMICORT	\$324,946.22	\$349,525.90	7.56%
SPIRIVA HANDIHALER	\$330,686.87	\$340,758.82	3.05%
GENOTROPIN	\$304,103.78	\$338,944.42	11.46%
NOVOLOG	\$288,852.32	\$294,600.79	1.99%
INVEGA SUSTENNA	\$254,299.12	\$263,791.11	3.73%
HYDROCODONE/ACETAMINOPHEN	\$234,764.26	\$256,119.12	9.10%
RISPERDAL CONSTA	\$271,428.70	\$250,106.10	-7.86%
ACTHAR HP	\$238,124.82	\$231,675.71	-2.71%
ZIPRASIDONE HCL	\$2,269.39	\$228,105.23	9,951.39%
COPAXONE	\$208,203.55	\$227,294.07	9.17%
CRESTOR	\$220,235.74	\$224,517.17	1.94%
AMOXICILLIN	\$188,837.17	\$222,624.96	17.89%
AMPHETAMINE/DEXTROAMPHETA	\$228,846.36	\$222,530.02	-2.76%
COMBIVENT	\$203,445.12	\$207,541.55	2.01%
MONTELUKAST SODIUM	\$209,063.66	\$203,331.59	-2.74%
SYMBICORT	\$196,570.37	\$195,197.28	-0.70%
BENEFIX	\$94,608.30	\$191,502.88	102.42%
TRICOR	\$187,475.31	\$190,874.65	1.81%
PROVENTIL HFA	\$79,069.84	\$182,772.91	131.15%
FLOVENT HFA	\$187,907.98	\$182,318.52	-2.97%
INCIVEK	\$146,852.00	\$180,525.58	22.93%

INVEGA	\$189,625.32	\$173,546.44	-8.48%
ACTOS	\$176,187.12	\$165,624.08	-6.00%
HUMALOG	\$156,155.67	\$164,272.95	5.20%
QVAR	\$166,557.23	\$163,235.47	-1.99%
NASONEX	\$173,816.58	\$162,838.26	-6.32%
EXJADE	\$171,480.37	\$162,746.19	-5.09%
DEXILANT	\$156,057.80	\$160,546.46	2.88%
RECOMBINATE	\$193,421.86	\$160,156.94	-17.20%
HUMIRA PEN	\$143,163.00	\$151,978.39	6.16%
ALBUTEROL SULFATE	\$112,227.03	\$148,613.50	32.42%
ENBREL	\$141,895.21	\$147,930.22	4.25%
DEXEDRINE	\$137,350.53	\$147,467.36	7.37%
PULMOZYME	\$127,637.51	\$147,394.93	15.48%
TOBI	\$139,782.66	\$142,709.50	2.09%
VESICARE	\$149,599.58	\$135,302.35	-9.56%
RISPERIDONE	\$122,405.53	\$134,998.02	10.29%
AMOXICILLIN/CLAVULANATE P	\$123,265.67	\$134,020.96	8.73%
ENBREL SURECLICK	\$142,446.11	\$126,344.73	-11.30%
SEROQUEL XR	\$118,728.76	\$124,252.62	4.65%
QUETIAPINE FUMARATE	\$145,574.21	\$122,061.66	-16.15%
NOVOLOG FLEXPEN	\$101,379.83	\$121,051.47	19.40%
PROVIGIL	\$126,948.96	\$120,385.00	-5.17%
LANTUS SOLOSTAR	\$123,112.38	\$119,618.43	-2.84%
NAGLAZYME	\$142,600.65	\$115,713.59	-18.85%
OXYCONTIN	\$122,947.73	\$113,633.59	-7.58%
REBIF	\$111,690.52	\$113,212.80	1.36%
GAMUNEX-C	\$82,407.76	\$112,994.20	37.12%
ATRIPLA	\$85,984.28	\$112,816.43	31.21%
DAYTRANA	\$97,644.36	\$109,832.06	12.48%
LYRICA	\$101,431.10	\$106,554.32	5.05%
VIMPAT	\$105,072.72	\$106,230.64	1.10%
CREON	\$83,556.22	\$104,463.90	25.02%
PERMETHRIN	\$115,718.00	\$104,429.69	-9.76%
LATUDA	\$83,846.12	\$104,344.58	24.45%
GENOTROPIN MINIQUICK	\$100,974.48	\$98,196.70	-2.75%
TOPAMAX	\$108,201.34	\$96,398.56	-10.91%
INTUNIV	\$86,210.00	\$92,628.21	7.44%
FLUTICASONE PROPIONATE	\$91,531.89	\$92,060.90	0.58%
SAPHRIS	\$100,911.35	\$91,483.28	-9.34%
GABAPENTIN	\$79,013.41	\$90,132.76	14.07%

ZOVIRAX	\$75,468.61	\$89,319.71	18.35%
KUVAN	\$72,721.07	\$88,185.09	21.26%
HUMIRA	\$76,884.00	\$87,978.32	14.43%
KEPPRA	\$92,288.15	\$87,625.78	-5.05%
LUPRON DEPOT-PED	\$67,833.86	\$85,411.00	25.91%
XIFAXAN	\$92,926.18	\$84,989.09	-8.54%
SUBOXONE	\$80,518.44	\$82,960.57	3.03%
ENOXAPARIN SODIUM	\$23,378.83	\$82,838.81	254.33%
GLEEVEC	\$81,684.83	\$81,574.91	-0.13%
KOATE-DVI	\$69,944.05	\$81,484.76	16.50%
ORTHO EVRA	\$77,197.51	\$81,365.48	5.40%
BANZEL	\$68,029.39	\$80,793.13	18.76%
DEPAKOTE SPRINKLES	\$79,357.39	\$79,777.06	0.53%
NUVARING	\$80,097.35	\$78,436.26	-2.07%
TRUVADA	\$75,283.15	\$77,440.23	2.87%
BUPROPION HCL XL	\$77,721.95	\$76,459.02	-1.62%
KALYDECO	\$50.00	\$75,674.22	151,248.44%
FOCALIN	\$67,167.10	\$75,279.33	12.08%
ZETIA	\$78,018.15	\$74,788.99	-4.14%
OMEPRAZOLE	\$64,385.12	\$73,471.41	14.11%
ZAVESCA	\$69,409.00	\$72,877.02	5.00%
CLOZAPINE	\$72,711.95	\$72,395.60	-0.44%
LORATADINE	\$70,140.39	\$71,606.19	2.09%
METADATE CD	\$71,342.24	\$71,411.80	0.10%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count November/December 2013	Prescription Count January/February 2013	Percent Change
AMOXICILLIN SUS 400/5ML	9,828	10,802	9.91%
ALBUTEROL NEB 0.083%	8,443	10,099	19.61%
Loratadine Tab 10 MG	9,503	9,337	-1.75%
VENTOLIN HFA AER	3,581	9,114	154.51%
AZITHROMYCIN SUS 200/5ML	9,833	8,686	-11.66%
AZITHROMYCIN TAB 250MG	7,934	7,592	-4.31%
HYDROCO/APAP TAB 5-325MG	6,283	6,592	4.92%
TRAMADOL HCL TAB 50MG	6,382	6,349	-0.52%
PREDNISOLONE SOL 15MG/5ML	11,690	6,267	-34.34%
CLONIDINE TAB 0.1MG	5,858	6,033	2.99%
RANITIDINE TAB 150MG	5,771	5,876	1.82%
Acetaminophen Tab 325 MG	6,073	5,795	-4.58%
FLUOXETINE CAP 20MG	5,208	5,316	2.07%
ESCITALOPRAM TAB 20MG	3,162	5,256	66.22%
GUANFACINE TAB 1MG	5,055	5,250	3.86%
Aspirin Tab Delayed Release 81 MG	5,281	5,241	-0.76%
AMOXICILLIN SUS 250/5ML	5,234	5,222	-0.23%
Cetirizine HCl Tab 10 MG	5,118	4,988	-2.54%
HYDROCO/APAP TAB 5-500MG	5,657	4,983	-11.91%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,359	4,427	1.56%
CYCLOBENZAPR TAB 10MG	4,490	4,425	-1.45%
AMOXICILLIN CAP 500MG	3,682	4,134	12.28%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,178	4,071	-2.56%
METHYLPHENID TAB 36MG ER	4,027	4,040	0.32%
Aspirin Chew Tab 81 MG	4,087	3,964	-3.01%
MONTELUKAST TAB 10MG	3,889	3,786	-2.65%
SERTRALINE TAB 100MG	3,610	3,772	4.49%
IBUPROFEN TAB 800MG	3,587	3,743	4.35%
GABAPENTIN CAP 300MG	3,581	3,733	4.24%
Acetaminophen Tab 500 MG	3,793	3,685	-2.85%
FLUTICASON SPR 50MCG	3,586	3,660	2.06%
TRAZODONE TAB 50MG	3,502	3,641	3.97%
OMEPRazole CAP 20MG	3,523	3,611	2.50%

CEFDINIR SUS 250/5ML	3,195	3,440	7.67%
TRAZODONE TAB 100MG	3,264	3,270	0.18%
MONTELUKAST CHW 5MG	3,379	3,215	-4.85%
CEPHALEXIN CAP 500MG	3,102	3,165	2.03%
AZITHROMYCIN SUS 100/5ML	3,182	3,089	-2.92%
METHYLPHENID TAB 54MG ER	2,975	3,050	2.52%
PROVENTIL AER HFA	1,417	2,981	110.37%
FOLIC ACID TAB 1MG	2,934	2,927	-0.24%
RISPERIDONE TAB 1MG	2,806	2,874	2.42%
CITALOPRAM TAB 20MG	2,884	2,829	-1.91%
SMZ/TMP DS TAB 800-160	2,928	2,789	-4.75%
ONDANSETRON TAB 4MG ODT	2,290	2,787	21.70%
CEFDINIR SUS 125/5ML	2,379	2,772	16.52%
VYVANSE CAP 30MG	2,710	2,765	2.03%
ALPRAZOLAM TAB 1MG	4,584	2,723	-40.60%
ZOLPIDEM TAB 10MG	2,652	2,643	-0.34%
SERTRALINE TAB 50MG	2,493	2,584	3.65%
RISPERIDONE TAB 0.5MG	2,457	2,583	5.13%
PREDNISONE TAB 20MG	2,751	2,555	-7.12%
OXYCOD/APAP TAB 5-325MG	2,625	2,549	-2.90%
CLONAZEPAM TAB 1MG	5,434	2,523	-53.57%
METFORMIN TAB 500MG	2,484	2,503	0.76%
POLYETH GLYC POW 3350 NF	2,043	2,472	21.00%
OMEPRazole CAP 40MG	2,361	2,407	1.95%
VYVANSE CAP 40MG	2,314	2,404	3.89%
ALPRAZOLAM TAB 0.5MG	4,555	2,344	-48.54%
MONTELUKAST CHW 4MG	2,449	2,337	-4.57%
AMOX/K CLAV TAB 875MG	2,174	2,305	6.03%
SMZ-TMP SUS 200-40/5	2,175	2,269	4.32%
CLONAZEPAM TAB 0.5MG	5,288	2,262	-57.22%
LANTUS INJ 100/ML	2,278	2,226	-2.28%
TAMIFLU SUS 6MG/ML	1,777	2,174	22.34%
CEPHALEXIN SUS 250/5ML	1,994	2,161	8.38%
CITALOPRAM TAB 40MG	2,210	2,157	-2.40%
Ibuprofen Susp 100 MG/5ML	2,104	2,138	1.62%
VYVANSE CAP 50MG	2,017	2,122	5.21%
Sennosides Tab 8.6 MG	2,193	2,119	-3.37%
NAPROXEN TAB 500MG	2,165	2,083	-3.79%

AMOX/K CLAV SUS 600/5ML	1,875	2,070	10.40%
HYDROCO/APAP TAB 10-325MG	2,088	2,061	-1.29%
TAMIFLU CAP 75MG	1,077	2,034	88.86%
LISINOPRIL TAB 10MG	1,967	1,998	1.58%
HYDROCHLOROT TAB 25MG	1,976	1,987	0.56%
CYMBALTA CAP 60MG	2,033	1,981	-2.56%
SIMVASTATIN TAB 20MG	2,041	1,958	-4.07%
LORAZEPAM TAB 1MG	5,274	1,928	-63.44%
METRONIDAZOL TAB 500MG	1,793	1,925	7.36%
VENLAFAXINE CAP 150MG ER	1,944	1,916	-1.44%
METHYLPHENID TAB 27MG ER	1,913	1,891	-1.15%
MUPIROCIN OIN 2%	1,736	1,877	8.12%
LISINOPRIL TAB 20MG	1,926	1,875	-2.65%
Aspirin Tab Delayed Release 325 MG	1,906	1,857	-2.57%
PRENATAL TAB PLUS	1,737	1,845	6.22%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	2,092	1,841	-12.00%
APAP/CODEINE TAB 300-30MG	1,769	1,808	2.20%
SIMVASTATIN TAB 40MG	1,837	1,773	-3.48%
METFORMIN TAB 1000MG	1,800	1,762	-2.11%
FLUCONAZOLE TAB 150MG	1,623	1,761	8.50%
METHYLPHENID TAB 10MG	1,716	1,756	2.33%
HYDROCO/APAP TAB 7.5-325	1,707	1,749	2.46%
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	1,714	1,746	1.87%
VYVANSE CAP 20MG	1,733	1,729	-0.23%
ABILIFY TAB 10MG	1,320	1,724	30.61%
MELOXICAM TAB 15MG	1,712	1,722	0.58%
VYVANSE CAP 70MG	1,675	1,640	-2.09%
TRIAMCINOLON CRE 0.1%	1,440	1,636	13.61%

Bi-Monthly Statistics

	January/February 2013	March/April 2013	% CHANGE
Total Paid Amount	\$38,659,532	\$37,022,758	-4.2%
Unique Users	161,621	152,103	-5.9%
Cost Per User	\$239.20	\$243.41	1.8%
Total Prescriptions	663,349.0	648,427.0	-2.2%
Average Prescriptions Per User	4.10	4.26	3.9%
Average Cost Per Prescription	\$58.28	\$57.10	-2.0%
# Generic Prescriptions	556,986	545,846	-2.0%
% Generic	84.0%	84.2%	0.3%
\$ Generic	\$10,339,131	\$10,580,885	2.3%
Average Generic Prescription Cost	\$18.56	\$19.38	4.4%
Average Days Supply	21	22	4.8%
# Brand Prescriptions	106,363	102,581	-3.6%
% Brand	16.0%	15.8%	-1.3%
\$ Brand	\$28,320,400	\$26,441,873	-6.6%
Average Brand Prescription Cost	\$266.26	\$257.77	-3.2%
Average Days Supply	25	26	4.0%

Note: All dollar amounts reported are pre-rebate

Utilization by Age

Age	January/February 2013	March/April 2013
0-6	40,829	34,813
7-12	28,659	26,694
13-18	24,148	23,144
19-64	58,168	57,858
65+	9,817	9,594
	161,621	152,103

Utilization by Gender and Age

Gender	Age	January/February 2013	March/April 2013
F			
	0-6	19,365	16,278
	7-12	12,671	11,467
	13-18	12,253	11,827
	19-64	41,465	41,287
	65+	7,126	7,020
		92,880	87,879
M			
	0-6	21,464	18,535
	7-12	15,988	15,227
	13-18	11,895	11,317
	19-64	16,703	16,571
	65+	2,691	2,574
		68,741	64,224

Top 100 Pharmacies by Prescription Count

March/April 2013

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #05239	DAVENPORT	IA	8,897	\$443,866.27	1
2	WALGREEN #04405	COUNCIL BLUFFS	IA	8,158	\$418,344.18	2
3	WALGREEN #05721	DES MOINES	IA	7,648	\$363,219.31	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	5,970	\$155,493.38	4
5	WALGREEN #359	DES MOINES	IA	5,645	\$271,598.89	5
6	WALGREEN #910	SIOUX CITY	IA	5,566	\$271,877.53	7
7	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,383	\$247,883.41	6
8	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,294	\$216,468.40	8
9	WALGREEN #05362	DES MOINES	IA	5,163	\$220,663.63	9
10	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,976	\$236,080.35	10
11	WALGREEN COMPANY 07455	WATERLOO	IA	4,967	\$222,226.96	11
12	WALGREENS #07453	DES MOINES	IA	4,944	\$248,175.39	12
13	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,687	\$141,717.63	13
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	3,930	\$191,096.88	14
15	WALGREEN #05852	DES MOINES	IA	3,909	\$177,723.25	16
16	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,782	\$204,000.77	17
17	WALGREEN #04041	DAVENPORT	IA	3,626	\$157,666.81	15
18	WALGREEN #11709	DAVENPORT	IA	3,584	\$177,971.33	19
19	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,511	\$181,246.00	18
20	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,483	\$202,318.45	38
21	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,381	\$169,620.20	22
22	WALGREEN COMPANY 05777	DES MOINES	IA	3,264	\$140,696.65	21
23	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,224	\$146,823.83	25
24	RASHID PHARMACY PLC	FORT MADISON	IA	3,105	\$168,616.13	20
25	WALGREEN #05044	BURLINGTON	IA	3,022	\$134,561.80	23
26	WALGREEN #03595	DAVENPORT	IA	2,957	\$149,266.81	26
27	MAHASKA DRUG INC	OSKALOOSA	IA	2,945	\$148,261.70	27
28	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	2,899	\$146,074.29	29
29	WALGREENS #05119	CLINTON	IA	2,846	\$138,394.21	24
30	WALGREENS #10855	WATERLOO	IA	2,807	\$129,870.38	30
31	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,766	\$140,742.26	39
32	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,736	\$132,301.83	32
33	WALGREEN #7452	DES MOINES	IA	2,696	\$123,755.46	34
34	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,679	\$125,507.32	28
35	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,669	\$113,354.94	33
36	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,645	\$184,123.58	35
37	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,561	\$126,827.23	42

38	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,481	\$113,389.44	43
39	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,463	\$140,747.37	41
40	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,403	\$125,149.32	36
41	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,401	\$133,557.39	45
42	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	2,361	\$61,118.43	31
43	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,333	\$115,050.47	46
44	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,309	\$113,726.05	44
45	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,235	\$74,866.16	37
46	WALGREEN #05361	FORT DODGE	IA	2,218	\$110,565.92	40
47	WALGREENS 07968	DES MOINES	IA	2,160	\$102,651.02	53
48	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,152	\$98,042.98	50
49	WAL-MART PHARMACY #10-1496	WATERLOO	IA	2,145	\$84,499.65	49
50	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,138	\$101,958.43	58
51	WALGREEN #09708	DUBUQUE	IA	2,112	\$90,061.67	48
52	WALGREENS #09476	BURLINGTON	IA	2,111	\$105,038.62	47
53	WALGREENS #11942	DUBUQUE	IA	2,093	\$108,029.21	54
54	WALGREEN #05886	KEOKUK	IA	2,026	\$90,420.42	52
55	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	1,999	\$102,385.45	56
56	DANIEL PHARMACY INC	FORT DODGE	IA	1,991	\$96,562.01	51
57	WALGREENS #03876	MARION	IA	1,973	\$105,649.99	63
58	WALGREEN #4714	DES MOINES	IA	1,948	\$95,429.99	70
59	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,914	\$247,396.86	67
60	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,910	\$77,313.81	62
61	A AVENUE PHARMACY	CEDAR RAPIDS	IA	1,900	\$111,064.88	59
62	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	1,893	\$54,997.95	57
63	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,890	\$93,123.36	61
64	WALGREEN #05077	IOWA CITY	IA	1,889	\$86,357.87	60
65	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	1,880	\$91,913.58	107
66	HY-VEE PHARMACY (1522)	PERRY	IA	1,861	\$66,705.78	65
67	WALGREEN #05942	NEWTON	IA	1,849	\$88,035.69	69
68	MERCY CAREMOR	DUBUQUE	IA	1,844	\$48,298.92	75
69	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,837	\$85,548.60	68
70	HY VEE PHARMACY #1449	NEWTON	IA	1,807	\$72,597.87	81
71	MEDICAP PHARMACY	INDIANOLA	IA	1,796	\$67,916.90	55
72	HY-VEE PHARMACY 1071	CLARINDA	IA	1,791	\$92,898.08	71
73	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,786	\$89,662.97	78
75	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,781	\$83,592.77	80
74	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,781	\$93,586.46	72
76	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,777	\$102,138.16	77
77	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,776	\$81,905.11	73
78	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,759	\$90,785.25	64
79	WAGNER PHARMACY	CLINTON	IA	1,757	\$101,888.98	76
80	FIFIELD PHARMACY	DES MOINES	IA	1,749	\$83,708.83	99
81	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,739	\$85,681.95	74

82	HY-VEE PHARMACY (1065)	CHARITON	IA	1,717	\$76,782.94	121
83	EVANSDALE PHARMACY INC	EVANSDALE	IA	1,701	\$79,563.31	79
84	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,693	\$82,023.15	109
85	HY-VEE PHARMACY (1634)	STORM LAKE	IA	1,685	\$80,929.25	91
86	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,673	\$84,095.96	97
87	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,667	\$88,898.17	84
88	WALGREEN #03196	MARSHALLTOWN	IA	1,652	\$82,642.85	83
89	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,646	\$66,426.18	82
90	WALGREENS #05977	CORALVILLE	IA	1,645	\$77,765.92	104
91	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,643	\$91,440.92	93
92	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	1,635	\$74,003.50	92
93	SCOTT PHARMACY INC	FAYETTE	IA	1,610	\$71,557.49	90
94	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,599	\$53,623.10	98
95	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,592	\$90,838.36	85
96	WALGREENS 11153	SPENCER	IA	1,584	\$88,964.47	101
97	LA GRANGE PHARMACY INC	VINTON	IA	1,583	\$71,102.82	66
98	WALGREEN COMPANY DBA	OTTUMWA	IA	1,580	\$79,128.99	102
99	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	1,569	\$64,498.85	89
100	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,562	\$96,137.25	94

Top 100 Pharmacies by Paid Amount

March/April 2013

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	INTRUST DBA	URBANDALE	IA	268	\$493,962.24	1
2	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	106	\$472,868.24	4
3	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	195	\$449,329.26	3
4	WALGREEN #05239	DAVENPORT	IA	8,897	\$443,866.27	5
5	WALGREEN #04405	COUNCIL BLUFFS	IA	8,158	\$418,344.18	6
6	WALGREEN #05721	DES MOINES	IA	7,648	\$363,219.31	7
7	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	17	\$280,389.65	2
8	WALGREEN #910	SIOUX CITY	IA	5,566	\$271,877.53	9
9	WALGREEN #359	DES MOINES	IA	5,645	\$271,598.89	10
10	WALGREENS #07453	DES MOINES	IA	4,944	\$248,175.39	12
11	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,383	\$247,883.41	13
12	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	1,914	\$247,396.86	60
13	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,976	\$236,080.35	16
14	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	8	\$234,963.20	11
15	WALGREEN COMPANY 07455	WATERLOO	IA	4,967	\$222,226.96	22
16	WALGREEN #05362	DES MOINES	IA	5,163	\$220,663.63	17
17	MEDFUSIONRX LLC	FRANKLIN	TN	74	\$220,120.32	19
18	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,294	\$216,468.40	18
19	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,782	\$204,000.77	21
20	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,483	\$202,318.45	41
21	OPTION CARE ENTERPRISES INC	ANN ARBOR	MI	53	\$200,654.71	32
22	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	46	\$200,208.90	20
23	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	994	\$196,997.11	24
24	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	3,930	\$191,096.88	23
25	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,645	\$184,123.58	26
26	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,511	\$181,246.00	25
27	WALGREEN #11709	DAVENPORT	IA	3,584	\$177,971.33	33
28	WALGREEN #05852	DES MOINES	IA	3,909	\$177,723.25	30
29	ARJ INFUSION SERVICES INC	LENEXA	KS	4	\$177,243.68	8
30	WALGREENS INFUSION SERVICES	OMAHA	NE	64	\$174,908.68	14
31	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,381	\$169,620.20	34

32	RASHID PHARMACY PLC	FORT MADISON	IA	3,105	\$168,616.13	29
33	WALGREEN #04041	DAVENPORT	IA	3,626	\$157,666.81	27
34	MARTIN HEALTH SERVICES INC	DENVER	IA	5,970	\$155,493.38	43
35	WALGREEN #03595	DAVENPORT	IA	2,957	\$149,266.81	36
36	MAHASKA DRUG INC	OSKALOOSA	IA	2,945	\$148,261.70	39
37	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,224	\$146,823.83	50
38	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	2,899	\$146,074.29	46
39	US BIOSERVICE CORPORATION	FRISCO	TX	41	\$145,984.29	53
40	CVS CAREMARK	MOUNT PROSPECT	IL	16	\$143,040.08	28
41	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,687	\$141,717.63	65
42	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,463	\$140,747.37	45
43	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	2,766	\$140,742.26	47
44	WALGREEN COMPANY 05777	DES MOINES	IA	3,264	\$140,696.65	42
45	WALGREENS #05119	CLINTON	IA	2,846	\$138,394.21	31
46	WALGREEN #05044	BURLINGTON	IA	3,022	\$134,561.80	40
47	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,401	\$133,557.39	51
48	CYSTIC FIBROSIS SERVICES INC	CENTENNIAL	CO	56	\$132,434.62	74
49	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,736	\$132,301.83	54
50	WALGREENS #10855	WATERLOO	IA	2,807	\$129,870.38	57
51	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,561	\$126,827.23	68
52	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	77	\$126,531.83	35
53	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,679	\$125,507.32	52
54	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,403	\$125,149.32	49
55	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	10	\$124,624.38	67
56	WALGREEN #7452	DES MOINES	IA	2,696	\$123,755.46	73
57	CAREPRO HOME INFUSION	CEDAR RAPIDS	IA	121	\$122,630.09	37
58	WAL-MART PHARMACY 10-5315	LAKE MARY	FL	18	\$118,856.51	55
59	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,333	\$115,050.47	63
60	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,309	\$113,726.05	69
61	STERLING LONG TERM CARE PHARMACY	ALTOONA	IA	2,481	\$113,389.44	61
62	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,669	\$113,354.94	62
63	A AVENUE PHARMACY	CEDAR RAPIDS	IA	1,900	\$111,064.88	64
64	HY-VEE PHARMACY 1382	LE MARS	IA	1,469	\$110,993.46	66
65	WALGREEN #05361	FORT DODGE	IA	2,218	\$110,565.92	71
66	WALGREENS #11942	DUBUQUE	IA	2,093	\$108,029.21	78
67	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	24	\$107,499.92	48

68	FOUNDATION CARE LLC	EARTH CITY	MO	66	\$107,282.07	97
69	WALGREENS #03876	MARION	IA	1,973	\$105,649.99	96
70	WALGREENS #09476	BURLINGTON	IA	2,111	\$105,038.62	76
71	WALGREENS 07968	DES MOINES	IA	2,160	\$102,651.02	77
72	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	1,999	\$102,385.45	72
73	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,777	\$102,138.16	84
74	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,138	\$101,958.43	86
75	WAGNER PHARMACY	CLINTON	IA	1,757	\$101,888.98	87
76	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	28	\$100,505.04	58
77	CURASCRIPT PHARMACY INC	ORLANDO	FL	14	\$99,735.54	44
78	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	86	\$99,352.68	15
79	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,152	\$98,042.98	82
80	DANIEL PHARMACY INC	FORT DODGE	IA	1,991	\$96,562.01	85
81	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,562	\$96,137.25	94
82	WALGREEN #4714	DES MOINES	IA	1,948	\$95,429.99	98
83	STERLING LTC PHARMACY #31	ANKENY	IA	1,315	\$94,737.45	95
84	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,781	\$93,586.46	88
85	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,890	\$93,123.36	79
86	HY-VEE PHARMACY 1071	CLARINDA	IA	1,791	\$92,898.08	103
87	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	1,880	\$91,913.58	143
88	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,643	\$91,440.92	108
89	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,592	\$90,838.36	80
90	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,759	\$90,785.25	75
91	WALGREEN #05886	KEOKUK	IA	2,026	\$90,420.42	101
92	HAMMER PHARMACY	DES MOINES	IA	1,518	\$90,069.29	106
93	WALGREEN #09708	DUBUQUE	IA	2,112	\$90,061.67	99
94	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,786	\$89,662.97	105
95	WALGREEN #07454	ANKENY	IA	1,506	\$89,303.36	81
96	WALGREENS 11153	SPENCER	IA	1,584	\$88,964.47	83
97	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,667	\$88,898.17	118
98	HY-VEE PHARMACY (1075)	CLINTON	IA	1,532	\$88,771.20	70
99	HY VEE DRUGSTORE 7007-039	AMES	IA	1,347	\$88,193.50	109
100	WALGREEN #05942	NEWTON	IA	1,849	\$88,035.69	112

Top 100 Prescribing Providers by Prescription Count

March/April 2013

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA HAMDAN ALLEN MD	\$205,625.97	2,199	1
2	LARRY LEONARD RICHARDS DO	\$141,670.75	1,840	2
3	BOBBITA NAG	\$157,595.15	1,809	4
4	QAZI UMAR JAVED MD	\$110,143.05	1,669	6
5	RAHUL BANSAL MD	\$145,174.28	1,627	3
6	KATHLEEN L WILD ARNP	\$124,669.82	1,555	5
7	SRIRAMAMURTHY RAVIPATI MD	\$104,228.63	1,418	7
8	DENNIS MILLER DO	\$60,362.33	1,407	22
9	ROBERT D CONNER	\$37,080.65	1,346	9
10	MARVIN F PIBURN JR	\$87,453.48	1,315	8
11	KAREN FULWOOD ARNP	\$80,055.24	1,242	10
12	JOADA BEST ARNP	\$111,647.91	1,241	15
13	KENT ELDON KUNZE MD	\$101,819.09	1,195	13
14	J PATRICK BERTROCHE DO	\$110,720.40	1,185	12
15	CAROL D AUNAN ARNP	\$82,928.77	1,170	16
16	ALI SAFDAR MD	\$63,757.91	1,144	43
17	DENNIS S JONES MD	\$63,712.55	1,110	11
18	REBECCA JEAN MARIE WOLF MD	\$74,187.25	1,074	21
19	E RICHARD NIGHTINGALE MD	\$95,982.68	1,074	24
20	PETER SZEIBEL MD	\$84,083.67	1,069	38
21	THOMAS PIEKENBROCK MD	\$62,463.34	1,067	67
22	JEFFREY D WILHARM MD	\$63,708.77	1,064	18
23	ALLYSON L WHEATON MD	\$90,585.66	1,056	23
24	CYD Q GRAFFT ARNP	\$69,366.67	1,038	20
25	KATHRYN A ENZLER PA	\$34,680.68	1,008	17
26	BRYANT MUTCHLER DO	\$37,462.24	1,006	19
27	DAVID M CRAVEN MD	\$41,758.01	986	25
28	RAJNI BATRA MD	\$48,027.45	952	14
29	MARTIN J FIALKOV MD	\$66,291.68	937	28
30	RAY C STURDEVANT MD	\$82,511.76	922	26
31	ALBERT OKINE PAC	\$87,124.02	920	46
32	JAMES BROOKS MD	\$86,987.12	919	97

33	RONALD WILLIAM BRINCK	\$92,397.39	909	30
34	HIEDI STJARNA LANE ARNP	\$67,721.50	905	34
35	EJIRO V AGBORO-IDAHOA MD	\$61,997.30	902	31
36	ROBERT K FRYZEK MD	\$25,079.68	891	80
37	THOMAS SCOTT HOPKINS DO	\$76,115.02	889	45
38	MARY C SEGRETO DO	\$113,855.43	871	35
39	CASSIE RINEY PAC	\$83,252.57	865	33
40	KATHLEEN S ADAMS ARNP	\$99,148.80	856	68
41	STEVEN PAULSRUD DO	\$39,094.06	851	54
42	CHRISTOPHER GENE OKIISHI MD	\$50,391.56	839	27
43	FREDERICK C ALDRICH MD	\$26,263.39	833	61
44	ROBERT MARVIN KENT MD	\$34,944.36	821	37
45	WILLIAM M NISSEN MD	\$42,127.76	818	53
46	PAULA JEAN CURRAN ARNP	\$41,078.86	817	57
47	ANDREA HEMESATH ARNP	\$50,342.23	802	39
48	JASON G DAVIS DO	\$32,715.07	801	40
49	POMILLA CHHABRA KUMAR MD	\$41,919.71	799	92
50	JON S AHRENDSEN MD	\$53,699.58	797	93
51	KIMBERLY A THOMPSON DO	\$24,677.91	795	29
52	CECELIA M NASSIF ARNP	\$56,323.58	782	71
53	MICHAEL O'CONNER MD	\$26,549.18	775	86
55	KRISTIE DEE ANN WALZ MD	\$33,120.79	774	172
54	CAROL SCHMIDT ARNP	\$36,529.97	774	32
56	TIMOTHY W SWINTON MD	\$35,464.52	772	74
57	DEANNA BOOK BOESEN MD	\$79,346.05	771	87
58	MAEN HADDADIN MD	\$26,358.51	768	58
59	KETIH GUESS PAC	\$63,668.98	764	90
60	JOSEPH M WANZEK	\$36,547.87	762	50
61	WILLIAM EARL HOWARD DO	\$40,432.32	760	60
62	ERIN VOYLES HATCHER ARNP	\$70,913.87	759	102
63	JERROLD V FLATT DO	\$21,761.87	755	94
64	PAUL DENNIS PETERSON DO	\$31,840.63	752	66
65	JASON EKWENA MD	\$15,370.63	748	95
66	CARLA K ABEL-ZIEG ARNP	\$67,285.66	747	79
67	KRISHNA POOJAPPA MURTHY MD	\$53,450.31	745	36
68	JAFFAR ALI SHAIKH MD	\$58,237.28	743	52
69	FRANK L BABCOCK, MD	\$37,918.76	742	59

70	DAVID B WALKER MD	\$59,459.14	741	81
71	RANDY R ROBINSON MD	\$38,634.87	737	51
72	STEFANIE RENEE YEARIAN ARNP	\$51,898.35	730	91
73	DEBRA ANN STUDER DO	\$13,343.68	725	69
74	WILLI MARTENS MD	\$27,923.59	722	83
75	LEENU MISHRA MD	\$68,963.83	718	55
76	RANDALL KAVALIER DO	\$54,398.00	717	73
77	MICHAEL PIPLANI MD	\$30,308.72	713	98
78	VINAY V SATTI MD	\$28,255.19	710	85
79	RENE M DUREGGER MD	\$68,893.98	707	70
81	LISA JAYNE MENZIES MD	\$196,761.86	704	65
80	CHRISTIAN W JONES MD	\$31,900.26	704	72
82	MONTE BERNHAGEN MD	\$73,529.84	698	41
83	TONYA LYNN PUSKI ARNP	\$60,456.58	695	99
84	NEELAM KHADKE MD	\$35,930.10	693	56
85	SHARON ELAINE DUCLOS MD	\$30,150.14	691	78
86	MICHAEL LEE EGGER MD	\$53,555.39	690	114
87	DAVID WENGER-KELLER MD	\$34,121.20	689	84
88	DAVID M CRIPPIN MD	\$24,100.26	683	64
89	KEVIN WILLIAM BLECHLE DO	\$27,631.14	681	75
90	DANIEL T VANDENBOSCH, M.D.	\$25,066.91	675	100
91	KIRAN BHASKAR KHANOLKAR MD	\$28,397.72	671	107
92	MARY W NIXON ARNP	\$68,681.13	666	101
93	MARK WILLIAM MITTAUER MD	\$48,906.66	664	109
94	DANIEL W GILLETTE	\$51,037.92	659	155
95	ERIC S PETERSEN DO	\$20,017.25	657	49
96	DANIEL JOSEPH ARNOLD DO	\$27,392.78	656	63
97	LINGXIANG ZHOU MD	\$20,298.05	654	124
98	SHAWN DENNIS JONES MD	\$44,210.30	649	44
99	LISA ANN BECHTEL ARNP	\$57,500.89	644	193
100	ISAM ELIAS MARAR MD	\$27,713.26	642	117

Top 100 Prescribing Providers by Paid Amount

March/April 2013

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$469,354.40	57	1
2	STEVEN LENTZ MD	\$205,772.99	10	3,727
3	GHADA HAMDAN ALLEN MD	\$205,625.97	2,199	5
4	LISA JAYNE MENZIES MD	\$196,761.86	704	3
5	ROLLA F ABU-ARJA MD	\$172,921.22	1	2
6	BOBBITA NAG	\$157,595.15	1,809	11
7	RAHUL BANSAL MD	\$145,174.28	1,627	10
8	LARRY LEONARD RICHARDS DO	\$141,670.75	1,840	8
9	ELIZABETH LUCILLE DOWD ARNP	\$136,696.20	218	9
10	LIUSKA MARIA PESCE	\$125,531.94	232	7
11	JENNIFER S COOK MD	\$125,066.92	526	16
12	KATHLEEN L WILD ARNP	\$124,669.82	1,555	12
13	VILMARIE RODRIGUEZ-PADUA MD	\$115,899.52	7	4
14	MARY C SEGRETO DO	\$113,855.43	871	15
15	JOADA BEST ARNP	\$111,647.91	1,241	20
16	J PATRICK BERTROCHE DO	\$110,720.40	1,185	14
17	QAZI UMAR JAVED MD	\$110,143.05	1,669	19
18	SRIRAMAMURTHY RAVIPATI MD	\$104,228.63	1,418	23
19	JULIE K OSTERHAUS ARNP	\$103,207.46	271	18
20	KENT ELDON KUNZE MD	\$101,819.09	1,195	17
21	KATHLEEN S ADAMS ARNP	\$99,148.80	856	31
22	E RICHARD NIGHTINGALE MD	\$95,982.68	1,074	26
23	RONALD WILLIAM BRINCK	\$92,397.39	909	21
24	ALLADDIN ABOSAIDA MD	\$91,741.15	235	24
25	ALLYSON L WHEATON MD	\$90,585.66	1,056	27
26	BRUCE L HUGHES MD	\$87,993.36	77	37
27	MARVIN F PIBURN JR	\$87,453.48	1,315	30
28	ALBERT OKINE PAC	\$87,124.02	920	38
29	JAMES BROOKS MD	\$86,987.12	919	60
30	STEPHEN TAKUNDWA GUTU MD	\$86,934.66	8	
31	MARC C PATTERSON MD	\$85,723.96	45	32
32	PETER SZEIBEL MD	\$84,083.67	1,069	39
33	CASIE RINEY PAC	\$83,252.57	865	28
34	CAROL D AUNAN ARNP	\$82,928.77	1,170	25
35	RAY C STURDEVANT MD	\$82,511.76	922	22
36	KAREN FULWOOD ARNP	\$80,055.24	1,242	35
37	DEANNA BOOK BOESEN MD	\$79,346.05	771	47
38	KATHRYN CAROLE BREITBACH ARNP	\$76,423.50	47	59
39	THOMAS SCOTT HOPKINS DO	\$76,115.02	889	46
40	JONATHAN MORAVEK MD	\$74,224.05	137	86
41	REBECCA JEAN MARIE WOLF MD	\$74,187.25	1,074	43

42	MONTE BERNHAGEN MD	\$73,529.84	698	33
43	EVA TSALIKIAN MD	\$72,957.71	167	40
44	ERIN VOYLES HATCHER ARNP	\$70,913.87	759	76
45	DANIEL M SLEITER ARNP	\$69,602.28	116	29
46	CYD Q GRAFFT ARNP	\$69,366.67	1,038	51
47	LEENU MISHRA MD	\$68,963.83	718	41
48	RENE M DUREGGER MD	\$68,893.98	707	45
49	JOHN LOUIS COLOMBO MD	\$68,825.49	51	166
50	MARY W NIXON ARNP	\$68,681.13	666	55
51	HIEDI STJARNA LANE ARNP	\$67,721.50	905	50
52	CARLA K ABEL-ZIEG ARNP	\$67,285.66	747	64
53	DAVID L YURDIN PA	\$66,916.95	353	70
54	ANTHONY G ZAMUDIO ARNP	\$66,817.56	463	71
55	MARTIN J FIALKOV MD	\$66,291.68	937	52
56	JUDITH A MILLER ARNP	\$64,934.28	15	34
57	ALI SAFDAR MD	\$63,757.91	1,144	106
58	DENNIS S JONES MD	\$63,712.55	1,110	44
59	JEFFREY D WILHARM MD	\$63,708.77	1,064	54
60	KETIH GUESS PAC	\$63,668.98	764	72
61	PAMELA S BROWN ARNP	\$62,796.23	623	77
62	THOMAS PIEKENBROCK MD	\$62,463.34	1,067	130
63	KELLY JEAN SEILER MD	\$62,168.98	156	49
64	EJIRO V AGBORO-IDAHOA MD	\$61,997.30	902	53
65	ODUAH DANIEL OSARO MD	\$61,019.86	519	42
66	LIEM-SOM OEI MD	\$60,568.81	88	13
67	TONYA LYNN PUSKI ARNP	\$60,456.58	695	69
68	DENNIS MILLER DO	\$60,362.33	1,407	152
69	DAVID B WALKER MD	\$59,459.14	741	80
70	JENNIFER WEIS PA	\$59,380.53	48	78
71	JAFFAR ALI SHAIKH MD	\$58,237.28	743	57
72	LISA ANN BECHTEL ARNP	\$57,500.89	644	112
73	DAVID B MOORE, M.D.	\$57,389.38	239	75
74	DOUGLAS HOWARD JONES MD	\$57,324.94	616	102
75	CECELIA M NASSIF ARNP	\$56,323.58	782	67
76	MATT D EGGERS MD	\$56,174.88	576	94
77	DUANGCHAI NARAWONG MD	\$56,067.77	611	85
78	SARAH LYNN BEATTIE ARNP	\$55,714.84	537	36
79	DANIEL EDWARD WESEMANN ARNP	\$55,419.97	563	66
80	LAURIE WARREN	\$54,858.08	508	104
81	RANDALL KAVALIER DO	\$54,398.00	717	63
82	RODNEY DEAN MD	\$53,949.70	569	83
83	JON S AHRENDSEN MD	\$53,699.58	797	96
84	CINDY GOSHORN ARNP	\$53,667.11	623	90
85	MICHAEL LEE EGGER MD	\$53,555.39	690	100
86	KRISHNA POOJAPPA MURTHY MD	\$53,450.31	745	58
87	STEFANIE RENEE YEARIAN ARNP	\$51,898.35	730	92

88	ARA ROBINSON DO	\$51,803.50	298	208
89	WENDY ANNE WALDMAN MD	\$51,726.96	286	89
90	MICHAEL J TANSEY MD	\$51,400.23	150	79
91	DANIEL W GILLETTE	\$51,037.92	659	117
92	CHRISTOPHER GENE OKIISHI MD	\$50,391.56	839	61
93	ANDREA HEMESATH ARNP	\$50,342.23	802	82
94	RAJANI RANGRAY	\$50,296.92	36	267
95	JEAN CLAUDE GEORGE DESMANGLES MD	\$49,913.20	68	160
96	KATHRYN E GRIFFITH	\$49,604.17	586	108
97	BERTHA S AYI MD	\$49,173.46	19	254
98	JEFFREY CHRISTIAN DUNKELBERG MD	\$49,127.92	49	91
99	MARK WILLIAM MITTAUER MD	\$48,906.66	664	122
100	DEBORAH L GARRELTS MD	\$48,352.25	510	139

Top 20 Therapeutic Class by Paid Amount

Category Description	January/February 2013	Rank	% Budget	March/April 2013	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$4,012,430	1	10.4%	\$3,921,875	1	10.6%	-2.3%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,888,782	2	7.5%	\$2,876,927	2	7.8%	-0.4%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,018,144	3	5.2%	\$1,994,847	3	5.4%	-1.2%
ANTICONVULSANTS	\$1,647,091	4	4.3%	\$1,735,360	4	4.7%	5.4%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,315,158	7	3.4%	\$1,383,610	5	3.7%	5.2%
STIMULANTS - METHYLPHENIDATE	\$1,173,005	8	3.0%	\$1,207,475	6	3.3%	2.9%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,126,749	9	2.9%	\$1,166,847	7	3.2%	3.6%
DIABETIC - INSULIN	\$1,100,381	10	2.8%	\$1,083,582	8	2.9%	-1.5%
ANTIHEMOPHILIC AGENTS	\$1,487,658	6	3.8%	\$990,666	9	2.7%	-33.4%
RSV PROPHYLAXIS	\$1,546,297	5	4.0%	\$890,816	10	2.4%	-42.4%
ANTIASTHMATIC - BETA - ADRENERGICS	\$866,999	11	2.2%	\$837,253	11	2.3%	-3.4%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$805,489	12	2.1%	\$801,720	12	2.2%	-0.5%
ANTIASTHMATIC - STEROID INHALANTS	\$790,510	13	2.0%	\$756,378	13	2.0%	-4.3%
GROWTH HORMONE	\$678,722	14	1.8%	\$650,093	14	1.8%	-4.2%
BIOLOGIC IMMUNOMODULATORS	\$624,138	16	1.6%	\$616,354	15	1.7%	-1.2%
MULTIPLE SCLEROSIS AGENTS	\$560,902	17	1.5%	\$598,888	16	1.6%	6.8%
NARCOTICS - MISC.	\$493,162	19	1.3%	\$516,362	17	1.4%	4.7%
CEPHALOSPORINS	\$542,844	18	1.4%	\$446,359	18	1.2%	-17.8%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$408,684	21	1.1%	\$435,482	19	1.2%	6.6%
DIABETIC - INSULIN PENFILLS	\$395,137	23	1.0%	\$391,818	20	1.1%	-0.8%

Top 20 Therapeutic Class by Prescription Count

Category Description	January/February 2013	Prev Rank	March/April 2013	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	51,175	1	52,566	1	2.72%
ANTICONVULSANTS	28,106	3	28,963	2	3.05%
NARCOTICS - MISC.	27,121	4	27,565	3	1.64%
BETA-LACTAMS / CLAVULANATE COMBO'S	31,740	2	25,907	4	-18.38%
ANTIPSYCHOTICS - ATYPICALS	25,095	6	25,235	5	0.56%
ANALGESICS - MISC.	25,277	5	24,469	6	-3.20%
ANTIASTHMATIC - BETA - ADRENERGICS	23,952	7	20,305	7	-15.23%
ANTIHISTAMINES - NON-SEDATING	18,167	9	20,158	8	10.96%
STIMULANTS - AMPHETAMINES - LONG ACTING	16,041	10	16,423	9	2.38%
ANTIHYPERTENSIVES - CENTRAL	14,604	12	14,872	10	1.84%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	20,920	8	14,435	11	-31.00%
ANXIOLYTICS - BENZODIAZEPINES	12,610	14	12,695	12	0.67%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	12,231	16	12,646	13	3.39%
CEPHALOSPORINS	15,079	11	12,590	14	-16.51%
NSAIDS	12,316	15	12,129	15	-1.52%
STIMULANTS - METHYLPHENIDATE	10,871	17	11,182	16	2.86%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,445	18	10,838	17	3.76%
GI - H2-ANTAGONISTS	10,235	19	10,494	18	2.53%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	12,930	13	10,233	19	-20.86%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	9,550	20	10,056	20	5.30%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount January/February 2013	Paid Amount March/April 2013	Percent Change
ABILIFY	\$2,339,609.80	\$2,241,951.86	-4.17%
VYVANSE	\$1,871,419.82	\$1,912,679.57	2.20%
METHYLPHENIDATE HCL ER	\$1,807,304.55	\$1,790,348.44	-0.94%
FOCALIN XR	\$972,730.57	\$985,002.71	1.26%
SYNAGIS	\$1,546,297.48	\$890,816.47	-42.39%
ADDERALL XR	\$853,695.35	\$812,481.91	-4.83%
CYMBALTA	\$658,700.88	\$660,643.51	0.29%
ADVATE	\$1,007,718.09	\$653,773.86	-35.12%
ADVAIR DISKUS	\$592,486.42	\$619,319.41	4.53%
STRATTERA	\$577,584.33	\$579,876.44	0.40%
LANTUS	\$517,707.75	\$510,611.54	-1.37%
VENTOLIN HFA	\$444,736.06	\$469,486.51	5.57%
SPIRIVA HANDIHALER	\$340,680.34	\$323,824.54	-4.95%
CEFDINIR	\$407,231.38	\$320,246.40	-21.36%
PULMICORT	\$346,894.31	\$308,818.44	-10.98%
GENOTROPIN	\$338,944.42	\$301,428.40	-11.07%
HYDROCODONE/ACETAMINOPHEN	\$255,776.95	\$296,147.26	15.78%
INVEGA SUSTENNA	\$264,704.62	\$292,657.36	10.56%
NOVOLOG	\$294,474.00	\$291,752.36	-0.92%
AZITHROMYCIN	\$357,262.20	\$262,439.50	-26.54%
RISPERDAL CONSTA	\$247,922.95	\$236,980.73	-4.41%
CRESTOR	\$224,555.93	\$226,471.05	0.85%
ZIPRASIDONE HCL	\$230,080.88	\$216,735.47	-5.80%
MONTELUKAST SODIUM	\$202,963.62	\$214,353.27	5.61%
COPAXONE	\$227,294.07	\$213,351.10	-6.13%
AMPHETAMINE/DEXTROAMPHETAMINE	\$222,876.55	\$211,204.34	-5.24%
SYMBICORT	\$194,942.98	\$207,495.75	6.44%
TRICOR	\$190,830.13	\$195,874.04	2.64%
AMOXICILLIN	\$222,639.08	\$195,497.10	-12.19%
COMBIVENT	\$206,990.01	\$192,725.59	-6.89%
NASONEX	\$162,737.58	\$190,614.59	17.13%
PROVENTIL HFA	\$182,350.53	\$187,577.28	2.87%
FLOVENT HFA	\$181,676.21	\$185,016.00	1.84%
INVEGA	\$175,024.68	\$172,825.33	-1.26%
QVAR	\$162,758.91	\$171,585.70	5.42%
HUMIRA PEN	\$151,978.39	\$166,352.20	9.46%

ACTOS	\$166,264.67	\$162,746.86	-2.12%
DEXILANT	\$160,402.70	\$162,291.12	1.18%
HUMALOG	\$163,851.60	\$160,132.48	-2.27%
EXJADE	\$162,746.19	\$157,919.39	-2.97%
TOBI	\$142,729.50	\$152,234.80	6.66%
RISPERIDONE	\$135,094.00	\$145,889.66	7.99%
ACTHAR HP	\$231,675.71	\$144,354.40	-37.69%
PULMOZYME	\$147,414.93	\$139,389.28	-5.44%
DEXEDRINE	\$145,769.63	\$137,334.65	-5.79%
VESICARE	\$135,830.20	\$131,223.53	-3.39%
LATUDA	\$103,368.25	\$128,318.24	24.14%
ENBREL SURECLICK	\$126,344.73	\$128,028.72	1.33%
ATRIPLA	\$116,602.77	\$125,426.27	7.57%
NAGLAZYME	\$115,713.59	\$124,528.08	7.62%
GENOTROPIN MINIQUEEK	\$98,196.70	\$124,309.10	26.59%
ENBREL	\$147,930.22	\$122,301.04	-17.33%
SEROQUEL XR	\$124,841.73	\$121,371.08	-2.78%
LANTUS SOLOSTAR	\$119,083.68	\$120,295.75	1.02%
CREON	\$104,830.65	\$119,519.88	14.01%
LYRICA	\$106,205.83	\$118,490.72	11.57%
OXYCONTIN	\$113,512.26	\$117,743.96	3.73%
VIMPAT	\$109,090.21	\$113,536.68	4.08%
NOVOLOG FLEXPEN	\$120,402.53	\$112,767.11	-6.34%
PROVIGIL	\$119,289.73	\$112,219.75	-5.93%
DAYTRANA	\$109,956.64	\$111,334.52	1.25%
AMOXICILLIN/CLAVULANATE P	\$133,932.34	\$111,139.59	-17.02%
INCIVEK	\$180,525.58	\$108,776.63	-39.74%
REBIF	\$113,212.80	\$107,441.36	-5.10%
QUETIAPINE FUMARATE	\$122,347.60	\$107,006.36	-12.54%
ENOXAPARIN SODIUM	\$83,324.86	\$106,419.72	27.72%
GAMUNEX-C	\$112,994.20	\$105,325.17	-6.79%
ALBUTEROL SULFATE	\$148,477.35	\$102,679.21	-30.85%
KALYDECO	\$75,674.22	\$102,502.08	35.45%
PERMETHRIN	\$103,869.98	\$101,720.79	-2.07%
SAPHRIS	\$91,513.91	\$101,534.12	10.95%
GABAPENTIN	\$90,135.67	\$97,854.73	8.56%
FLUTICASONE PROPIONATE	\$91,257.62	\$97,115.45	6.42%
HUMIRA	\$87,978.32	\$95,954.23	9.07%
KEPPRA	\$87,625.78	\$93,155.44	6.31%
INTUNIV	\$92,278.44	\$92,099.36	-0.19%

XIFAXAN	\$84,989.09	\$90,718.61	6.74%
TOPAMAX	\$95,771.29	\$90,356.20	-5.65%
OMEPRAZOLE	\$73,467.14	\$87,871.68	19.61%
LUPRON DEPOT-PED	\$85,211.00	\$86,848.77	1.92%
ORTHO EVRA	\$80,888.12	\$85,407.29	5.59%
SERTRALINE HCL	\$70,554.48	\$85,149.63	20.69%
BANZEL	\$83,814.07	\$82,376.87	-1.71%
LORATADINE	\$71,890.54	\$81,749.25	13.71%
ZETIA	\$74,639.81	\$81,290.98	8.91%
DEPAKOTE SPRINKLES	\$81,222.88	\$80,752.14	-0.58%
NUVARING	\$77,605.61	\$80,584.72	3.84%
KUVAN	\$88,185.09	\$79,840.20	-9.46%
BUPROPION HCL XL	\$76,222.37	\$79,057.62	3.72%
CIPRODEX	\$64,279.72	\$78,724.35	22.47%
ESCITALOPRAM OXALATE	\$69,533.66	\$78,350.46	12.68%
ADVAIR HFA	\$70,841.62	\$78,321.35	10.56%
RANITIDINE HCL	\$66,462.48	\$78,171.79	17.62%
LAMICTAL	\$70,567.83	\$76,978.80	9.08%
GILENYA	\$67,785.21	\$76,786.62	13.28%
FOCALIN	\$75,279.87	\$76,424.29	1.52%
ZAVESCA	\$72,877.02	\$76,420.04	4.86%
CLONIDINE HCL	\$64,917.90	\$75,304.17	16.00%
METHYLPHENIDATE HCL	\$51,830.03	\$74,361.81	43.47%
ZOVIRAX	\$88,005.81	\$73,448.72	-16.54%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count January/February 2013	Prescription Count March/April 2013	Percent Change
Loratadine Tab 10 MG	9,380	9,974	6.33%
VENTOLIN HFA AER	9,085	9,271	2.05%
AMOXICILLIN SUS 400/5ML	10,818	8,491	-21.51%
HYDROCO/APAP TAB 5-325MG	6,562	7,181	9.43%
ALBUTEROL NEB 0.083%	10,094	6,871	-31.93%
TRAMADOL HCL TAB 50MG	6,347	6,690	5.40%
CLONIDINE TAB 0.1MG	6,047	6,125	1.29%
RANITIDINE TAB 150MG	5,879	5,950	1.21%
Acetaminophen Tab 325 MG	5,926	5,824	-1.72%
AZITHROMYCIN SUS 200/5ML	8,693	5,660	-34.89%
Cetirizine HCl Tab 10 MG	5,012	5,556	10.85%
FLUOXETINE CAP 20MG	5,292	5,442	2.83%
ESCITALOPRAM TAB 20MG	5,253	5,423	3.24%
AZITHROMYCIN TAB 250MG	7,561	5,405	-28.51%
Aspirin Tab Delayed Release 81 MG	5,349	5,399	0.93%
GUANFACINE TAB 1MG	5,258	5,394	2.59%
HYDROCO/APAP TAB 5-500MG	4,961	4,728	-4.70%
CYCLOBENZAPR TAB 10MG	4,407	4,721	7.13%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,484	4,481	-0.07%
AMOXICILLIN SUS 250/5ML	5,230	4,214	-19.43%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,129	4,200	1.72%
METHYLPHENID TAB 36MG ER	4,046	4,125	1.95%
Aspirin Chew Tab 81 MG	4,039	4,058	0.47%
FLUTICASON SPR 50MCG	3,643	4,056	11.34%
MONTELUKAST TAB 10MG	3,783	3,910	3.36%
GABAPENTIN CAP 300MG	3,730	3,834	2.79%
SERTRALINE TAB 100MG	3,753	3,809	1.49%
Acetaminophen Tab 500 MG	3,754	3,768	0.37%
OMEPRazole CAP 20MG	3,608	3,724	3.22%
IBUPROFEN TAB 800MG	3,718	3,709	-0.24%
TRAZODONE TAB 50MG	3,635	3,700	1.79%
AMOXICILLIN CAP 500MG	4,119	3,516	-14.64%
MONTELUKAST CHW 5MG	3,211	3,478	8.32%

TRAZODONE TAB 100MG	3,280	3,396	3.54%
METHYLPHENID TAB 54MG ER	3,050	3,216	5.44%
CEPHALEXIN CAP 500MG	3,154	3,177	0.73%
FOLIC ACID TAB 1MG	2,958	2,981	0.78%
PROVENTIL AER HFA	2,979	2,946	-1.11%
VYVANSE CAP 30MG	2,765	2,907	5.14%
SMZ/TMP DS TAB 800-160	2,777	2,899	4.39%
RISPERIDONE TAB 1MG	2,890	2,897	0.24%
CITALOPRAM TAB 20MG	2,822	2,892	2.48%
POLYETH GLYC POW 3350 NF	2,472	2,765	11.85%
ALPRAZOLAM TAB 1MG	2,719	2,738	0.70%
OXYCOD/APAP TAB 5-325MG	2,528	2,710	7.20%
PREDNISOLONE SOL 15MG/5ML	6,278	2,681	-57.30%
OMEPRazole CAP 40MG	2,408	2,665	10.67%
SERTRALINE TAB 50MG	2,584	2,660	2.94%
CEFDINIR SUS 250/5ML	3,444	2,650	-23.05%
RISPERIDONE TAB 0.5MG	2,593	2,599	0.23%
CLONAZEPAM TAB 1MG	2,528	2,588	2.37%
ZOLPIDEM TAB 10MG	2,642	2,579	-2.38%
METFORMIN TAB 500MG	2,503	2,545	1.68%
ONDANSETRON TAB 4MG ODT	2,777	2,495	-10.15%
VYVANSE CAP 40MG	2,402	2,466	2.66%
MONTELUKAST CHW 4MG	2,336	2,411	3.21%
ALPRAZOLAM TAB 0.5MG	2,338	2,290	-2.05%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	1,836	2,277	24.02%
LANTUS INJ 100/ML	2,226	2,259	1.48%
CLONAZEPAM TAB 0.5MG	2,256	2,247	-0.40%
NAPROXEN TAB 500MG	2,076	2,230	7.42%
VYVANSE CAP 50MG	2,124	2,200	3.58%
Sennosides Tab 8.6 MG	2,150	2,187	1.72%
CITALOPRAM TAB 40MG	2,154	2,169	0.70%
HYDROCO/APAP TAB 10-325MG	2,065	2,166	4.89%
PREDNISONE TAB 20MG	2,549	2,165	-15.06%
SMZ-TMP SUS 200-40/5	2,267	2,150	-5.16%
AZITHROMYCIN SUS 100/5ML	3,099	2,131	-31.24%
HYDROCHLOROTAB 25MG	1,978	2,089	5.61%
LISINOPRIL TAB 10MG	1,996	2,072	3.81%
CEPHALEXIN SUS 250/5ML	2,169	2,050	-5.49%

CYMBALTA CAP 60MG	1,978	2,043	3.29%
VENLAFAXINE CAP 150MG ER	1,915	2,017	5.33%
AMOX/K CLAV TAB 875MG	2,294	2,006	-12.55%
METHYLPHENID TAB 27MG ER	1,894	1,988	4.96%
LISINOPRIL TAB 20MG	1,880	1,987	5.69%
SIMVASTATIN TAB 20MG	1,958	1,972	0.72%
Loratadine Syrup 5 MG/5ML	1,627	1,967	20.90%
LORAZEPAM TAB 1MG	1,923	1,963	2.08%
METRONIDAZOL TAB 500MG	1,910	1,930	1.05%
CEFDINIR SUS 125/5ML	2,778	1,922	-30.81%
PRENATAL TAB PLUS	1,823	1,919	5.27%
VYVANSE CAP 20MG	1,728	1,878	8.68%
HYDROCO/APAP TAB 7.5-325	1,742	1,855	6.49%
Aspirin Tab Delayed Release 325 MG	1,883	1,836	-2.50%
METFORMIN TAB 1000MG	1,758	1,835	4.38%
MELOXICAM TAB 15MG	1,723	1,799	4.41%
SIMVASTATIN TAB 40MG	1,774	1,775	0.06%
MUPIROCIN OIN 2%	1,874	1,759	-6.14%
FLUCONAZOLE TAB 150MG	1,752	1,736	-0.91%
VYVANSE CAP 70MG	1,637	1,687	3.05%
APAP/CODEINE TAB 300-30MG	1,793	1,669	-6.92%
AMOX/K CLAV SUS 600/5ML	2,073	1,656	-20.12%
BUPROPN HCL TAB 300MG XL	1,535	1,653	7.69%
METHYLPHENID TAB 10MG	1,759	1,653	-6.03%
Ibuprofen Susp 100 MG/5ML	2,136	1,648	-22.85%
TRIAMCINOLON CRE 0.1%	1,631	1,646	0.92%
AMLODIPINE TAB 10MG	1,557	1,636	5.07%
LORAZEPAM TAB 0.5MG	1,604	1,625	1.31%
FUROSEMIDE TAB 40MG	1,587	1,610	1.45%

Bi-Monthly Statistics

	March/April 2013	May/June 2013	% CHANGE
Total Paid Amount	\$37,105,040	\$35,488,070	-4.4%
Unique Users	151,844	144,343	-4.9%
Cost Per User	\$244.36	\$245.86	0.6%
Total Prescriptions	649,042.0	617,119.0	-4.9%
Average Prescriptions Per User	4.27	4.28	0.2%
Average Cost Per Prescription	\$57.17	\$57.51	0.6%
# Generic Prescriptions	546,394	518,010	-5.2%
% Generic	84.2%	83.9%	-0.3%
\$ Generic	\$10,567,159	\$10,187,984	-3.6%
Average Generic Prescription Cost	\$19.34	\$19.67	1.7%
Average Days Supply	22	22	0.0%
# Brand Prescriptions	102,648	99,109	-3.4%
% Brand	15.8%	16.1%	1.5%
\$ Brand	\$26,537,880	\$25,300,086	-4.7%
Average Brand Prescription Cost	\$258.53	\$255.28	-1.3%
Average Days Supply	26	26	0.0%

Note: All dollar amounts reported are pre-rebate

Utilization by Age

Age	March/April 2013	May/June 2013
0-6	34,823	32,247
7-12	26,699	24,851
13-18	23,141	21,541
19-64	57,450	56,263
65+	9,731	9,441
	151,844	144,343

Utilization by Gender and Age

Gender	Age	March/April 2013	May/June 2013
F			
	0-6	16,281	15,082
	7-12	11,473	10,612
	13-18	11,827	11,166
	19-64	40,902	40,035
	65+	7,110	6,870
		87,593	83,765
M			
	0-6	18,542	17,165
	7-12	15,226	14,239
	13-18	11,314	10,375
	19-64	16,548	16,228
	65+	2,621	2,571
		64,251	60,578

Top 100 Pharmacies by Prescription Count

May/June 2013

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	WALGREEN #05239	DAVENPORT	IA	8,486	\$424,783.99	1
2	WALGREEN #04405	COUNCIL BLUFFS	IA	7,488	\$382,371.71	2
3	WALGREEN #05721	DES MOINES	IA	7,385	\$342,228.97	3
4	MARTIN HEALTH SERVICES INC	DENVER	IA	5,807	\$142,422.19	4
5	WALGREEN #910	SIOUX CITY	IA	5,380	\$260,978.45	6
6	WALGREEN #359	DES MOINES	IA	5,344	\$260,585.47	5
7	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,042	\$199,680.79	8
8	WALGREENS #07453	DES MOINES	IA	4,935	\$253,491.32	12
9	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	4,870	\$230,849.74	7
10	WALGREEN #05362	DES MOINES	IA	4,796	\$222,751.81	9
11	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,713	\$146,009.49	13
12	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,661	\$227,760.28	10
13	WALGREEN COMPANY 07455	WATERLOO	IA	4,524	\$196,877.96	11
14	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	3,902	\$183,916.16	15
15	WALGREEN #05852	DES MOINES	IA	3,681	\$181,576.02	14
16	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,670	\$201,931.96	16
17	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,522	\$191,795.22	21
18	WALGREEN #04041	DAVENPORT	IA	3,500	\$158,735.87	17
19	WALGREEN #11709	DAVENPORT	IA	3,352	\$173,250.86	18
20	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,331	\$214,437.45	20
21	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,308	\$175,236.35	19
22	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,273	\$158,805.95	23
23	WALGREEN COMPANY 05777	DES MOINES	IA	3,173	\$141,148.15	22
24	RASHID PHARMACY PLC	FORT MADISON	IA	3,095	\$166,766.21	24
25	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	2,916	\$145,484.58	28
26	WALGREEN #05044	BURLINGTON	IA	2,873	\$135,697.26	25
27	MAHASKA DRUG INC	OSKALOOSA	IA	2,822	\$149,238.46	27
28	WALGREEN #7452	DES MOINES	IA	2,781	\$123,494.28	33
29	WALGREEN #03595	DAVENPORT	IA	2,767	\$146,402.48	26
30	WALGREENS #05119	CLINTON	IA	2,722	\$144,232.04	29
31	WALGREENS #10855	WATERLOO	IA	2,665	\$120,704.07	31
32	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,643	\$87,583.87	40
33	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,642	\$123,994.59	34
34	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,587	\$126,344.34	32
35	MEDICAP PHARMACY	INDIANOLA	IA	2,556	\$106,065.21	46
36	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,555	\$115,543.66	35

37	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,533	\$157,478.98	36
38	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,515	\$142,800.47	38
39	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,514	\$122,241.00	37
40	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,348	\$139,247.53	42
41	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	2,342	\$60,633.84	43
42	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,341	\$113,762.16	41
43	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	2,279	\$137,505.31	58
44	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,204	\$115,935.10	44
45	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,187	\$108,820.33	45
46	WALGREEN #05361	FORT DODGE	IA	2,174	\$110,507.17	47
47	WALGREENS 07968	DES MOINES	IA	2,102	\$106,280.96	48
48	WALGREENS #09476	BURLINGTON	IA	2,090	\$100,919.31	53
49	WALGREENS #11942	DUBUQUE	IA	2,055	\$102,066.68	54
50	DANIEL PHARMACY INC	FORT DODGE	IA	1,991	\$94,074.57	57
51	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	1,964	\$89,107.07	66
52	WALGREEN #09708	DUBUQUE	IA	1,962	\$86,326.73	52
53	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	1,950	\$90,251.48	49
54	WALGREEN #05886	KEOKUK	IA	1,946	\$82,573.86	55
55	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	1,935	\$100,627.00	51
56	WAL-MART PHARMACY #10-1496	WATERLOO	IA	1,909	\$72,027.55	50
57	WALGREEN #05942	NEWTON	IA	1,908	\$79,565.19	69
58	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	1,878	\$53,135.12	61
59	WALGREEN #4714	DES MOINES	IA	1,869	\$89,086.68	60
60	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	1,846	\$113,976.46	56
61	A AVENUE PHARMACY	CEDAR RAPIDS	IA	1,830	\$112,638.11	64
62	HY VEE PHARMACY #1449	NEWTON	IA	1,827	\$74,828.32	71
63	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	1,821	\$63,023.57	88
64	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	1,818	\$95,771.35	30
65	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,802	\$98,520.38	76
67	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,790	\$86,644.37	65
66	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,790	\$89,463.86	80
68	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	1,787	\$80,544.96	70
69	WALGREENS #03876	MARION	IA	1,780	\$96,701.08	59
70	WALGREEN #05077	IOWA CITY	IA	1,777	\$79,716.34	67
71	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	1,745	\$75,009.20	62
72	HY-VEE PHARMACY (1522)	PERRY	IA	1,734	\$68,564.84	68
73	MERCY CAREMOR	DUBUQUE	IA	1,719	\$45,441.49	63
74	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	1,707	\$77,506.12	73
75	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,693	\$84,508.59	77
76	WAGNER PHARMACY	CLINTON	IA	1,670	\$97,087.11	79
77	HY-VEE PHARMACY 1071	CLARINDA	IA	1,662	\$97,896.32	72
78	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	1,656	\$67,984.47	94
79	LA GRANGE PHARMACY INC	VINTON	IA	1,655	\$77,304.11	97
80	HY-VEE DRUGSTORE #7031	DES MOINES	IA	1,651	\$82,141.29	84
81	WAL-MART PHARMACY #10-5115	DAVENPORT	IA	1,636	\$54,360.81	103

82	FIFIELD PHARMACY	DES MOINES	IA	1,630	\$73,309.46	81
83	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,619	\$84,559.26	78
84	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,616	\$85,830.82	74
85	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,600	\$92,702.70	95
86	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,597	\$83,264.29	75
87	WALGREENS #05977	CORALVILLE	IA	1,594	\$73,397.23	89
88	HY-VEE PHARMACY (1065)	CHARITON	IA	1,580	\$75,143.15	82
90	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,576	\$81,871.47	86
89	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,576	\$90,905.39	93
91	HY-VEE PHARMACY 1068	CHEROKEE	IA	1,567	\$90,514.69	172
92	HARTIG DRUG CO #4	DUBUQUE	IA	1,563	\$76,013.80	117
93	NCS HEALTHCARE OF IOWA LLC DBA	URBANDALE	IA	1,556	\$75,454.89	102
94	HY-VEE PHARMACY (1634)	STORM LAKE	IA	1,555	\$82,158.71	85
95	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	1,545	\$67,621.97	90
96	STERLING LTC PHARMACY #31	ANKENY	IA	1,541	\$113,298.75	110
97	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	1,538	\$85,767.99	120
98	WALGREENS 11153	SPENCER	IA	1,536	\$88,311.41	96
99	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	1,517	\$57,719.74	104
100	WALGREEN #03196	MARSHALLTOWN	IA	1,511	\$78,586.10	87

Top 100 Pharmacies by Paid Amount May/June 2013

Rank	Pharmacy Name	Pharmacy City	State	Prescription Count	Paid Amount	Previous Rank
1	ARJ INFUSION SERVICES INC	LENEXA	KS	9	\$545,781.77	21
2	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	180	\$504,336.61	3
3	WALGREEN #05239	DAVENPORT	IA	8,486	\$424,783.99	4
4	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	14	\$402,508.56	15
5	WALGREEN #04405	COUNCIL BLUFFS	IA	7,488	\$382,371.71	5
6	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	19	\$355,640.40	7
7	WALGREEN #05721	DES MOINES	IA	7,385	\$342,228.97	6
8	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	91	\$340,171.17	2
9	WALGREEN #910	SIOUX CITY	IA	5,380	\$260,978.45	9
10	WALGREEN #359	DES MOINES	IA	5,344	\$260,585.47	8
11	WALGREENS #07453	DES MOINES	IA	4,935	\$253,491.32	11
12	MEDFUSIONRX LLC	FRANKLIN	TN	74	\$250,023.94	17
13	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	4,870	\$230,849.74	12
14	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	4,661	\$227,760.28	14
15	WALGREEN #05362	DES MOINES	IA	4,796	\$222,751.81	18
16	PLEASANT HILL PHARMACY	PLEASANT HILL	IA	954	\$217,660.72	13
17	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,331	\$214,437.45	20
18	WALGREENS INFUSION SERVICES	OMAHA	NE	52	\$204,459.92	30
19	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	3,670	\$201,931.96	22
20	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	5,042	\$199,680.79	19
21	WALGREEN COMPANY 07455	WATERLOO	IA	4,524	\$196,877.96	16
22	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,522	\$191,795.22	31
23	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	3,902	\$183,916.16	24
24	WALGREEN #05852	DES MOINES	IA	3,681	\$181,576.02	29
25	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,308	\$175,236.35	26
26	WALGREEN #11709	DAVENPORT	IA	3,352	\$173,250.86	27
27	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	39	\$171,849.89	23
28	RASHID PHARMACY PLC	FORT MADISON	IA	3,095	\$166,766.21	32
29	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,273	\$158,805.95	39
30	WALGREEN #04041	DAVENPORT	IA	3,500	\$158,735.87	34
31	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,533	\$157,478.98	25

32	AXELACARE HEALTH SOLUTIONS LLC	LENEXA	KS	8	\$153,574.56	108
33	MAHASKA DRUG INC	OSKALOOSA	IA	2,822	\$149,238.46	37
34	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	31	\$146,777.80	78
35	WALGREEN #03595	DAVENPORT	IA	2,767	\$146,402.48	35
36	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,713	\$146,009.49	41
37	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	2,916	\$145,484.58	40
38	WALGREENS #05119	CLINTON	IA	2,722	\$144,232.04	45
39	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,515	\$142,800.47	43
40	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	52	\$142,704.92	69
41	MARTIN HEALTH SERVICES INC	DENVER	IA	5,807	\$142,422.19	33
42	OPTION CARE ENTERPRISES INC	ANN ARBOR	MI	41	\$141,833.05	28
43	WALGREEN COMPANY 05777	DES MOINES	IA	3,173	\$141,148.15	44
44	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	2,348	\$139,247.53	47
45	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	2,279	\$137,505.31	10
46	WALGREEN #05044	BURLINGTON	IA	2,873	\$135,697.26	46
47	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,587	\$126,344.34	49
48	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	11	\$124,660.78	53
49	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	2,642	\$123,994.59	55
50	WALGREEN #7452	DES MOINES	IA	2,781	\$123,494.28	56
51	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,514	\$122,241.00	52
52	WALGREENS #10855	WATERLOO	IA	2,665	\$120,704.07	50
53	US BIOSERVICE CORPORATION	FRISCO	TX	44	\$120,580.31	38
54	HY-VEE PHARMACY 1382	LE MARS	IA	1,459	\$117,884.48	64
55	AMBER PHARMACY	OMAHA	NE	120	\$116,899.83	110
56	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,204	\$115,935.10	54
57	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	2,555	\$115,543.66	62
58	HY-VEE PHARMACY #2 (1863)	WATERLOO	IA	1,846	\$113,976.46	74
59	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,341	\$113,762.16	59
60	STERLING LTC PHARMACY #31	ANKENY	IA	1,541	\$113,298.75	72
61	A AVENUE PHARMACY	CEDAR RAPIDS	IA	1,830	\$112,638.11	65
62	WALGREEN #05361	FORT DODGE	IA	2,174	\$110,507.17	66
63	CYSTIC FIBROSIS SERVICES INC	CENTENNIAL	CO	55	\$109,820.49	48
64	MERCY FAMILY PHARMACY	DUBUQUE	IA	2,187	\$108,820.33	61
65	WALGREENS 07968	DES MOINES	IA	2,102	\$106,280.96	73
66	MEDICAP PHARMACY	INDIANOLA	IA	2,556	\$106,065.21	95
67	WALGREENS #11942	DUBUQUE	IA	2,055	\$102,066.68	67
68	WAL-MART PHARMACY 10-5315	LAKE MARY	FL	13	\$101,484.57	58

69	WALGREENS #09476	BURLINGTON	IA	2,090	\$100,919.31	71
70	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	1,935	\$100,627.00	75
71	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	1,802	\$98,520.38	76
72	HY-VEE PHARMACY 1071	CLARINDA	IA	1,662	\$97,896.32	85
73	WAGNER PHARMACY	CLINTON	IA	1,670	\$97,087.11	77
74	WALGREENS #03876	MARION	IA	1,780	\$96,701.08	70
75	TZENON PHARMACEUTICALS DBA	IOWA CITY	IA	1,818	\$95,771.35	36
76	DANIEL PHARMACY INC	FORT DODGE	IA	1,991	\$94,074.57	83
77	HY-VEE PHARMACY (1075)	CLINTON	IA	1,486	\$93,711.52	97
78	CURASCRIPT PHARMACY INC	ORLANDO	FL	10	\$93,017.25	79
79	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,600	\$92,702.70	91
80	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	1,576	\$90,905.39	102
81	HY-VEE PHARMACY 1068	CHEROKEE	IA	1,567	\$90,514.69	186
82	FOUNDATION CARE LLC	EARTH CITY	MO	56	\$90,354.99	68
83	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	1,950	\$90,251.48	81
84	GREENVILLE PHARMACY INC	SIOUX CITY	IA	1,492	\$90,192.69	82
85	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	1,790	\$89,463.86	105
86	HY-VEE DRUGSTORE #7070	SIOUX CITY	IA	1,460	\$89,283.03	103
87	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	1,964	\$89,107.07	88
88	WALGREEN #4714	DES MOINES	IA	1,869	\$89,086.68	84
89	CENTRIC HEALTH RESOURCES INC	CHESTERFIELD	MO	11	\$88,319.06	161
90	WALGREENS 11153	SPENCER	IA	1,536	\$88,311.41	99
91	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,643	\$87,583.87	118
92	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	1,790	\$86,644.37	87
93	WALGREEN #09708	DUBUQUE	IA	1,962	\$86,326.73	94
94	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	1,616	\$85,830.82	96
95	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	1,538	\$85,767.99	131
96	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	1,463	\$85,422.05	140
97	OSTERHAUS PHARMACY	MAQUOKETA	IA	1,619	\$84,559.26	90
98	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	1,693	\$84,508.59	119
99	HAMMER PHARMACY	DES MOINES	IA	1,418	\$83,818.90	93
100	MEDICAP PHARMACY	MARSHALLTOWN	IA	1,597	\$83,264.29	86

Top 100 Prescribing Providers by Paid Amount

May/June 2013

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	JANICE MARIE ROSE STABER MD	\$1,095,637.41	59	1
2	VILMARIE RODRIGUEZ-PADUA MD	\$305,833.60	18	13
3	LISA JAYNE MENZIES MD	\$176,372.50	640	4
4	GHADA HAMDAN ALLEN MD	\$170,501.78	1,923	3
5	DONALD EDWARD MACFARLANE MD	\$160,253.40	23	741
6	LIUSKA MARIA PESCE	\$160,210.68	245	11
7	RAHUL BANSAL MD	\$149,228.89	1,608	8
8	LARRY LEONARD RICHARDS DO	\$135,507.76	1,910	7
9	KATHLEEN L WILD ARNP	\$131,508.92	1,551	12
10	BOBBITA NAG	\$128,564.68	1,472	6
11	ELIZABETH LUCILLE DOWD ARNP	\$124,992.32	209	9
12	JENNIFER S COOK MD	\$110,686.00	533	10
13	BRUCE L HUGHES MD	\$107,517.88	96	29
14	RONALD WILLIAM BRINCK	\$105,254.36	949	24
15	JOADA BEST ARNP	\$104,414.33	1,192	15
16	MARY C SEGRETO DO	\$103,210.99	743	14
17	QAZI UMAR JAVED MD	\$100,049.14	1,540	16
18	JULIE K OSTERHAUS ARNP	\$96,561.55	263	19
19	SRIRAMAMURTHY RAVIPATI MD	\$93,598.59	1,309	18
20	J PATRICK BERTROCHE DO	\$92,943.31	989	17
21	KATHLEEN S ADAMS ARNP	\$92,632.69	794	21
22	JAMES BROOKS MD	\$89,038.99	885	30
23	KENT ELDON KUNZE MD	\$88,572.53	1,066	20
24	MARVIN F PIBURN JR	\$87,090.72	1,326	26
25	E RICHARD NIGHTINGALE MD	\$87,024.64	947	22
26	ALLYSON L WHEATON MD	\$86,563.14	946	25
27	ALBERT OKINE, PA	\$85,639.65	858	27
28	RAY C STURDEVANT MD	\$84,739.49	949	35
29	CASIE RINEY PA	\$84,013.08	854	33
30	CAROL D AUNAN ARNP	\$82,492.94	1,137	34
31	KAREN FULWOOD ARNP	\$82,205.50	1,308	36
32	PETER SZEIBEL MD	\$82,020.17	1,015	32
33	MARC C PATTERSON MD	\$81,678.31	30	31
34	REBECCA JEAN MARIE WOLF MD	\$77,932.03	1,057	41
35	ALLADDIN ABOSAIDA MD	\$75,570.36	247	23
36	THOMAS SCOTT HOPKINS DO	\$74,558.30	855	39
37	EVA TSALIKIAN MD	\$74,259.27	146	42
38	DANIEL J BONTHIUS MD	\$70,820.28	198	723
39	LEENU MISHRA MD	\$70,126.11	713	49
40	ALI SAFDAR MD	\$70,102.85	1,043	58
41	STEVEN LENTZ MD	\$69,254.24	7	2

42	HIEDI STJARNA LANE ARNP	\$69,060.90	880	54
43	DEANNA BOOK BOESEN MD	\$69,012.20	736	37
44	JOHN LOUIS COLOMBO MD	\$68,117.12	40	47
45	CARLA K ABEL-ZIEG ARNP	\$67,887.24	720	51
46	ERIN VOYLES HATCHER ARNP	\$67,616.04	733	44
47	CYD Q GRAFFT ARNP	\$67,389.99	1,005	45
48	JUDITH A MILLER ARNP	\$65,233.91	16	56
49	DAVID B WALKER MD	\$63,895.39	780	70
50	MONTE BERNHAGEN MD	\$63,413.07	649	43
51	KEITH GUESS, PA	\$63,309.69	732	60
52	TONYA LYNN PUSKI ARNP	\$62,308.50	700	65
53	ANTHONY G ZAMUDIO ARNP	\$60,849.88	407	52
54	KATHRYN E GRIFFITH	\$60,668.44	648	98
55	JONATHAN MORAVEK MD	\$60,485.46	141	38
56	PAMELA S BROWN ARNP	\$60,361.44	655	61
57	DANIEL EDWARD WESEMANN ARNP	\$60,188.66	625	85
58	EJIRO V AGBORO-IDAHOA MD	\$59,582.52	836	64
59	KELLY JEAN SEILER MD	\$58,367.31	122	62
60	DANIEL W GILLETTE	\$58,091.74	658	94
61	MARY W NIXON ARNP	\$57,873.51	573	50
62	DUANGCHAI NARAWONG MD	\$57,845.46	589	77
63	JENNIFER WEIS PA	\$57,370.74	18	69
64	ANITA HANDEVITD ARNP	\$56,618.54	665	152
65	DANIEL LAMPTEY MD	\$56,069.14	15	268
66	JEFFREY D WILHARM MD	\$55,854.87	956	57
67	CECELIA M NASSIF ARNP	\$55,765.60	714	81
68	LISA ANN BECHTEL ARNP	\$55,631.24	597	76
69	RENE M DUREGGER MD	\$54,715.21	603	48
70	DAVID B MOORE, M.D.	\$54,695.02	228	74
71	MARTIN J FIALKOV MD	\$54,369.15	888	55
72	BRADLEY SCOTT LAIR MD	\$54,135.09	18	6,370
73	MATT D EGGERS MD	\$54,101.90	630	78
74	LAURIE WARREN	\$52,925.75	510	80
75	WENDY ANNE WALDMAN MD	\$52,711.67	278	93
76	JOHN F STECKER MD	\$52,667.53	441	129
77	SARAH LYNN BEATTIE ARNP	\$52,601.10	532	79
78	DANIEL M SLEITER ARNP	\$52,449.09	102	46
79	STEFANIE RENEE YEARIAN ARNP	\$52,108.90	689	92
80	RANDALL KAVALIER DO	\$51,279.98	706	88
81	KRISHNA POOJAPPA MURTHY MD	\$51,227.41	750	73
82	DAVID L YURDIN PA	\$50,728.15	369	53
83	CAROLYN JOHNSON PA	\$50,695.95	208	119
84	DENNIS MILLER DO	\$50,301.78	1,202	67
85	CHRISTOPHER GENE OKIISHI MD	\$49,912.94	830	95
86	THOMAS PIEKENBROCK MD	\$49,405.37	829	63
87	ANDREA HEMESATH ARNP	\$49,234.98	789	101

88	DOUGLAS HOWARD JONES MD	\$48,964.57	596	75
89	JON S AHRENDSEN MD	\$48,270.34	706	83
90	CINDY GOSHORN ARNP	\$47,920.75	580	86
91	DEBORAH L GARRELTS MD	\$47,801.12	494	97
92	CHARUTA NARAYAN JOSHI MD	\$47,589.17	351	157
93	MARK WILLIAM MITTAUER MD	\$47,324.33	651	102
94	JANNE L JOHNSON ARNP	\$46,268.63	475	117
95	RODNEY DEAN MD	\$46,212.64	515	84
96	DONNER DEWDNEY MD	\$45,483.96	771	114
97	MARYANN KAPACINSKAS ARNP	\$45,191.20	525	105
98	MARK WILLIAM KARWAL MD	\$45,063.15	23	308
99	RODNEY A SHORT MD	\$44,658.67	119	104
100	LYNNE JANINE DESOTEL MD	\$44,514.83	475	115

Top 100 Prescribing Providers by Prescription Count

May/June 2013

Rank	Prescriber Name	Paid Amount	Prescription Count	Previous Rank
1	GHADA HAMDAN ALLEN MD	\$170,501.78	1,923	1
2	LARRY LEONARD RICHARDS DO	\$135,507.76	1,910	2
3	RAHUL BANSAL MD	\$149,228.89	1,608	5
4	KATHLEEN L WILD ARNP	\$131,508.92	1,551	6
5	QAZI UMAR JAVED MD	\$100,049.14	1,540	4
6	BOBBITA NAG	\$128,564.68	1,472	3
7	MARVIN F PIBURN JR	\$87,090.72	1,326	10
8	ROBERT D CONNER	\$42,260.41	1,323	9
9	SRIRAMAMURTHY RAVIPATI MD	\$93,598.59	1,309	7
10	KAREN FULWOOD ARNP	\$82,205.50	1,308	12
11	DENNIS MILLER DO	\$50,301.78	1,202	8
12	JOADA BEST ARNP	\$104,414.33	1,192	11
13	CAROL D AUNAN ARNP	\$82,492.94	1,137	14
14	DAVID M CRAVEN MD	\$40,121.68	1,111	22
15	KENT ELDON KUNZE MD	\$88,572.53	1,066	13
16	REBECCA JEAN MARIE WOLF MD	\$77,932.03	1,057	19
17	ALI SAFDAR MD	\$70,102.85	1,043	16
18	PETER SZEIBEL MD	\$82,020.17	1,015	20
19	BRYANT MUTCHLER DO	\$37,161.60	1,010	25
20	CYD Q GRAFFT ARNP	\$67,389.99	1,005	26
21	J PATRICK BERTROCHE DO	\$92,943.31	989	15
22	JEFFREY D WILHARM MD	\$55,854.87	956	24
24	RAY C STURDEVANT MD	\$84,739.49	949	31
23	RONALD WILLIAM BRINCK	\$105,254.36	949	33
25	E RICHARD NIGHTINGALE MD	\$87,024.64	947	18
26	ALLYSON L WHEATON MD	\$86,563.14	946	23
27	JERROLD V FLATT DO	\$29,271.86	913	65
28	MARTIN J FIALKOV MD	\$54,369.15	888	28
29	JAMES BROOKS MD	\$89,038.99	885	32
30	HIEDI STJARNA LANE ARNP	\$69,060.90	880	35
31	RAJNI BATRA MD	\$32,594.34	880	29
32	SINA J LINMAN ARNP	\$44,495.44	858	124

33	ALBERT OKINE, PA	\$85,639.65	858	30
34	THOMAS SCOTT HOPKINS DO	\$74,558.30	855	37
35	CASIE RINEY PA	\$84,013.08	854	39
36	EJIRO V AGBORO-IDAHOA MD	\$59,582.52	836	34
37	CHRISTOPHER GENE OKIISHI MD	\$49,912.94	830	41
38	THOMAS PIEKENBROCK MD	\$49,405.37	829	21
39	ROBERT MARVIN KENT MD	\$34,414.57	818	42
40	WILLIAM M NISSEN MD	\$40,273.22	803	46
41	STEVEN PAULSRUD DO	\$40,711.17	801	43
42	MICHAEL O'CONNER MD	\$31,079.51	799	55
43	KATHLEEN S ADAMS ARNP	\$92,632.69	794	40
44	ANDREA HEMESATH ARNP	\$49,234.98	789	49
45	JOSEPH M WANZEK	\$35,883.15	787	64
46	DAVID B WALKER MD	\$63,895.39	780	72
47	FREDERICK C ALDRICH MD	\$23,080.60	774	44
48	DONNER DEWDNEY MD	\$45,483.96	771	54
49	POMILLA CHHABRA KUMAR MD	\$41,189.93	767	51
50	JAFFAR ALI SHAIKH MD	\$39,090.80	765	71
51	MAEN HADDADIN MD	\$26,491.10	764	53
52	KRISHNA POOJAPPA MURTHY MD	\$51,227.41	750	47
53	RANDY R ROBINSON MD	\$35,013.99	749	73
54	FRANK L BABCOCK, MD	\$38,543.51	748	66
55	CHRISTIAN W JONES MD	\$32,181.97	746	83
56	MARY C SEGRETO DO	\$103,210.99	743	38
57	DEANNA BOOK BOESEN MD	\$69,012.20	736	58
58	ERIN VOYLES HATCHER ARNP	\$67,616.04	733	63
59	KEITH GUESS, PA	\$63,309.69	732	62
60	CARLA K ABEL-ZIEG ARNP	\$67,887.24	720	70
61	ERIC S PETERSEN DO	\$19,588.48	717	98
62	CECELIA M NASSIF ARNP	\$55,765.60	714	57
63	WILLIAM EARL HOWARD DO	\$36,578.17	713	56
64	LEENU MISHRA MD	\$70,126.11	713	77
65	RANDALL KAVALIER DO	\$51,279.98	706	81
66	JON S AHRENDSSEN MD	\$48,270.34	706	48
67	KIRAN KHANOLKAR	\$28,499.16	703	92
68	PAUL DENNIS PETERSON DO	\$31,927.40	702	68
70	CAROL SCHMIDT ARNP	\$31,693.78	700	59

69	TONYA LYNN PUSKI ARNP	\$62,308.50	700	85
71	WILLI MARTENS MD	\$26,858.53	694	78
73	STEFANIE RENEE YEARIAN ARNP	\$52,108.90	689	75
72	PAULA JEAN CURRAN ARNP	\$39,312.41	689	45
74	DEANNE REMER NP	\$42,372.65	682	103
75	MICHAEL PIPLANI MD	\$28,788.37	673	80
76	JASON G DAVIS DO	\$26,435.13	673	50
77	KRISTIE DEE ANN WALZ MD	\$31,574.62	671	60
78	ROBERT K FRYZEK MD	\$24,276.30	670	36
79	ANITA HANDEVIDT ARNP	\$56,618.54	665	159
80	DANIEL W GILLETTE	\$58,091.74	658	95
81	PAMELA S BROWN ARNP	\$60,361.44	655	105
82	MARK WILLIAM MITTAUER MD	\$47,324.33	651	96
83	DANIEL JOSEPH ARNOLD DO	\$25,605.01	650	97
84	KIMBERLY A THOMPSON DO	\$21,029.92	650	52
85	MONTE BERNHAGEN MD	\$63,413.07	649	82
86	KATHRYN E GRIFFITH	\$60,668.44	648	114
87	KATHRYN A ENZLER PA	\$25,038.44	644	27
88	LISA JAYNE MENZIES MD	\$176,372.50	640	76
89	TIMOTHY W SWINTON MD	\$20,602.85	638	61
90	MOLLY EARLEYWINE PA	\$19,232.71	634	199
91	DEBRA ANN STUDER DO	\$12,019.32	633	74
92	MATT D EGGERS MD	\$54,101.90	630	121
93	DANIEL EDWARD WESEMANN ARNP	\$60,188.66	625	136
94	KEVIN WILLIAM BLECHLE DO	\$19,780.36	622	90
95	MELISSA LAMB NP	\$23,061.18	609	170
96	JASON EKWENA MD	\$14,643.76	607	69
97	DAVID WENGER-KELLER MD	\$31,033.40	605	88
98	RENE M DUREGGER MD	\$54,715.21	603	79
99	VINAY V SATTI MD	\$21,139.06	598	84
100	LISA ANN BECHTEL ARNP	\$55,631.24	597	101

Top 20 Therapeutic Class by Paid Amount

Category Description	March/April 2013	Rank	% Budget	May/June 2013	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	\$3,930,574	1	10.6%	\$3,817,077	1	10.8%	-2.9%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$2,852,906	2	7.7%	\$2,647,815	2	7.5%	-7.2%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$1,971,415	3	5.3%	\$1,840,662	3	5.2%	-6.6%
ANTICONVULSANTS	\$1,722,383	4	4.6%	\$1,719,259	4	4.8%	-0.2%
ANTIHEMOPHILIC AGENTS	\$1,022,596	9	2.8%	\$1,638,208	5	4.6%	60.2%
ANTIDEPRESSANTS - SELECTED SSRI's	\$1,382,258	5	3.7%	\$1,340,114	6	3.8%	-3.0%
STIMULANTS - METHYLPHENIDATE	\$1,201,654	6	3.2%	\$1,197,247	7	3.4%	-0.4%
DIABETIC - INSULIN	\$1,084,258	8	2.9%	\$1,127,019	8	3.2%	3.9%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,160,628	7	3.1%	\$1,026,975	9	2.9%	-11.5%
ANTIASTHMATIC - BETA - ADRENERGICS	\$833,518	11	2.2%	\$784,875	10	2.2%	-5.8%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$799,656	12	2.2%	\$764,747	11	2.2%	-4.4%
ANTIASTHMATIC - STEROID INHALANTS	\$752,442	13	2.0%	\$729,836	12	2.1%	-3.0%
GROWTH HORMONE	\$650,843	14	1.8%	\$635,458	13	1.8%	-2.4%
MULTIPLE SCLEROSIS AGENTS	\$598,888	16	1.6%	\$606,880	14	1.7%	1.3%
BIOLOGIC IMMUNOMODULATORS	\$617,828	15	1.7%	\$594,444	15	1.7%	-3.8%
NARCOTICS - MISC.	\$515,430	17	1.4%	\$497,214	16	1.4%	-3.5%
DIABETIC - INSULIN PENFILLS	\$389,982	20	1.1%	\$453,020	17	1.3%	16.2%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$435,328	19	1.2%	\$419,594	18	1.2%	-3.6%
ANTIASTHMATIC - ANTI-CHOLINERGICS	\$352,860	23	1.0%	\$398,690	19	1.1%	13.0%
GI - PROTON PUMP INHIBITOR	\$376,675	22	1.0%	\$373,992	20	1.1%	-0.7%

Top 20 Therapeutic Class by Prescription Count

Category Description	March/April 2013	Prev Rank	May/June 2013	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	52,576	1	50,782	1	-3.41%
ANTICONVULSANTS	29,045	2	28,535	2	-1.76%
NARCOTICS - MISC.	27,478	3	26,567	3	-3.32%
ANTIPSYCHOTICS - ATYPICALS	25,409	5	24,173	4	-4.86%
ANALGESICS - MISC.	24,883	6	24,164	5	-2.89%
ANTIHIISTAMINES - NON-SEDATING	20,241	7	22,493	6	11.13%
BETA-LACTAMS / CLAVULANATE COMBO'S	25,898	4	20,192	7	-22.03%
ANTIASTHMATIC - BETA - ADRENERGICS	20,236	8	18,180	8	-10.16%
STIMULANTS - AMPHETAMINES - LONG ACTING	16,407	9	14,875	9	-9.34%
ANTIHYPERTENSIVES - CENTRAL	14,932	10	14,395	10	-3.60%
ANXIOLYTICS - BENZODIAZEPINES	12,655	12	12,191	11	-3.67%
NSAIDS	12,089	15	11,405	12	-5.66%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	12,634	13	11,289	13	-10.65%
CEPHALOSPORINS	12,555	14	11,151	14	-11.18%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,034	20	10,721	15	6.85%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	14,413	11	10,654	16	-26.08%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,846	17	10,479	17	-3.38%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	10,219	19	10,241	18	0.22%
STIMULANTS - METHYLPHENIDATE	11,184	16	10,037	19	-10.26%
GI - H2-ANTAGONISTS	10,509	18	9,850	20	-6.27%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount March/April 2013	Paid Amount May/June 2013	Percent Change
ABILIFY	\$2,247,777.57	\$2,174,164.81	-3.27%
VYVANSE	\$1,897,014.65	\$1,764,301.85	-7.00%
METHYLPHENIDATE HCL ER	\$1,769,089.30	\$1,647,150.06	-6.89%
ADVATE	\$653,773.86	\$1,033,372.74	58.06%
FOCALIN XR	\$978,769.19	\$926,304.71	-5.36%
ADDERALL XR	\$805,173.87	\$729,591.76	-9.39%
CYMBALTA	\$660,032.68	\$631,940.36	-4.26%
ADVAIR DISKUS	\$616,488.58	\$562,802.64	-8.71%
LANTUS	\$511,564.46	\$554,092.04	8.31%
STRATTERA	\$577,469.59	\$550,406.82	-4.69%
VENTOLIN HFA	\$467,248.27	\$451,608.30	-3.35%
SPIRIVA HANDIHALER	\$323,050.29	\$360,158.85	11.49%
GENOTROPIN	\$301,428.40	\$339,417.88	12.60%
NOVOLOG	\$291,240.04	\$291,833.14	0.20%
HYDROCODONE/ACETAMINOPHEN	\$295,378.46	\$287,557.66	-2.65%
PULMICORT	\$306,558.44	\$273,683.36	-10.72%
INVEGA SUSTENNA	\$290,960.88	\$267,509.48	-8.06%
RISPERDAL CONSTA	\$239,115.78	\$254,361.92	6.38%
CEFDINIR	\$317,742.85	\$246,352.22	-22.47%
MONTELUKAST SODIUM	\$213,512.21	\$225,732.66	5.72%
COPAXONE	\$213,351.10	\$222,429.70	4.26%
CRESTOR	\$226,669.46	\$217,234.09	-4.16%
SYMBICORT	\$207,254.77	\$210,531.85	1.58%
NASONEX	\$188,899.67	\$199,662.16	5.70%
AMPHETAMINE/DEXTROAMPHETA	\$210,247.84	\$197,047.22	-6.28%
TRICOR	\$196,087.68	\$196,543.65	0.23%
ZIPRASIDONE HCL	\$218,315.33	\$196,055.84	-10.20%
AZITHROMYCIN	\$261,477.58	\$192,667.90	-26.32%
FLOVENT HFA	\$184,160.13	\$189,059.21	2.66%
EXJADE	\$134,839.43	\$185,995.79	37.94%
PROVENTIL HFA	\$187,108.88	\$180,474.49	-3.55%
INVEGA	\$171,853.64	\$179,081.27	4.21%
QVAR	\$170,830.54	\$171,873.22	0.61%
DEXILANT	\$162,576.27	\$165,729.40	1.94%
HUMIRA PEN	\$166,352.20	\$157,784.58	-5.15%
HUMALOG	\$160,572.86	\$156,724.11	-2.40%

FEIBA NF	\$48,231.44	\$156,526.42	224.53%
LATUDA	\$128,497.11	\$156,257.00	21.60%
RECOMBINATE	\$55,316.84	\$150,802.78	172.62%
AMOXICILLIN	\$195,253.74	\$146,976.36	-24.73%
RISPERIDONE	\$146,143.00	\$142,998.58	-2.15%
ENOXAPARIN SODIUM	\$109,752.59	\$142,230.43	29.59%
LANTUS SOLOSTAR	\$119,800.44	\$141,119.66	17.80%
DEXEDRINE	\$136,245.64	\$140,741.23	3.30%
VESICARE	\$131,511.50	\$135,087.90	2.72%
HEMOFIL M	\$104,320.00	\$134,110.97	28.56%
PULMOZYME	\$139,449.28	\$133,636.86	-4.17%
NAGLAZYME	\$124,528.08	\$124,528.08	0.00%
NOVOLOG FLEXPEN	\$111,532.35	\$123,236.44	10.49%
ENBREL	\$123,774.19	\$121,160.61	-2.11%
SEROQUEL XR	\$121,331.19	\$118,581.61	-2.27%
TOBI	\$152,234.80	\$118,047.86	-22.46%
VIMPAT	\$114,564.72	\$118,041.57	3.03%
ENBREL SURECLICK	\$128,028.72	\$116,183.81	-9.25%
PERMETHRIN	\$101,279.62	\$112,633.24	11.21%
LYRICA	\$117,934.79	\$112,241.50	-4.83%
ATRIPLA	\$131,014.25	\$110,208.36	-15.88%
GENOTROPIN MINIQUEEK	\$124,309.10	\$105,366.80	-15.24%
KALYDECO	\$102,502.08	\$102,502.08	0.00%
QUETIAPINE FUMARATE	\$107,471.03	\$102,182.02	-4.92%
CREON	\$119,309.40	\$99,233.42	-16.83%
AFINITOR	\$62,901.52	\$98,951.42	57.31%
PATANOL	\$49,809.80	\$98,714.64	98.18%
DAYTRANA	\$110,208.59	\$97,504.13	-11.53%
PROVIGIL	\$112,219.75	\$97,124.09	-13.45%
OXYCONTIN	\$116,118.74	\$96,917.05	-16.54%
GABAPENTIN	\$97,689.56	\$96,792.46	-0.92%
XIFAXAN	\$91,348.79	\$95,253.84	4.27%
INTUNIV	\$92,451.66	\$94,957.01	2.71%
TRUVADA	\$83,824.30	\$93,506.08	11.55%
SAPHRIS	\$101,534.12	\$92,271.53	-9.12%
FLUTICASONE PROPIONATE	\$96,409.43	\$91,410.92	-5.18%
LUPRON DEPOT-PED	\$88,947.80	\$91,061.24	2.38%
PROLASTIN-C	\$65,439.68	\$88,319.06	34.96%
HUMIRA	\$95,954.23	\$88,268.70	-8.01%
BANZEL	\$82,420.68	\$88,229.55	7.05%

REBIF	\$107,441.36	\$87,028.42	-19.00%
SERTRALINE HCL	\$85,100.84	\$86,209.03	1.30%
LORATADINE	\$82,027.40	\$85,282.86	3.97%
TOPAMAX	\$87,760.45	\$84,828.11	-3.34%
DEPAKOTE SPRINKLES	\$81,264.22	\$84,201.06	3.61%
RITALIN	\$280.27	\$84,158.50	29,927.65%
COMBIVENT	\$191,239.95	\$83,590.03	-56.29%
KEPPRA	\$92,136.76	\$83,279.13	-9.61%
ADVAIR HFA	\$76,846.26	\$82,991.16	8.00%
REVLIMID	\$59,151.37	\$82,978.71	40.28%
KOATE-DVI	\$46,001.04	\$82,876.08	80.16%
EPIPEN 2-PAK	\$73,394.68	\$81,866.89	11.54%
ALBUTEROL SULFATE	\$102,628.35	\$81,842.25	-20.25%
OMEPRAZOLE	\$87,823.65	\$81,706.30	-6.97%
ORTHO EVRA	\$83,479.34	\$79,809.55	-4.40%
BUPROPION HCL XL	\$78,910.86	\$78,124.84	-1.00%
ESCITALOPRAM OXALATE	\$78,515.46	\$78,030.60	-0.62%
NUVARING	\$77,232.20	\$77,109.43	-0.16%
ZAVESCA	\$76,420.04	\$76,420.04	0.00%
ZETIA	\$80,968.20	\$75,526.96	-6.72%
CIPRODEX	\$77,305.39	\$75,389.77	-2.48%
RANITIDINE HCL	\$78,282.42	\$74,296.76	-5.09%
CEPHALEXIN	\$72,588.45	\$73,776.45	1.64%
CLONIDINE HCL	\$75,774.76	\$73,326.08	-3.23%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count March/April 2013	Prescription Count May/June 2013	Percent Change
Loratadine Tab 10 MG	10,036	10,555	5.17%
VENTOLIN HFA AER	9,236	8,937	-3.24%
HYDROCO/APAP TAB 5-325MG	7,149	7,168	0.27%
TRAMADOL HCL TAB 50MG	6,678	6,561	-1.75%
Cetirizine HCl Tab 10 MG	5,585	6,231	11.57%
AMOXICILLIN SUS 400/5ML	8,488	6,205	-26.90%
CLONIDINE TAB 0.1MG	6,159	5,967	-3.12%
Acetaminophen Tab 325 MG	5,956	5,821	-2.27%
RANITIDINE TAB 150MG	5,958	5,685	-4.58%
ESCITALOPRAM TAB 20MG	5,431	5,430	-0.02%
Aspirin Tab Delayed Release 81 MG	5,490	5,390	-1.82%
ALBUTEROL NEB 0.083%	6,846	5,373	-21.52%
FLUOXETINE CAP 20MG	5,429	5,216	-3.92%
GUANFACINE TAB 1MG	5,402	5,141	-4.83%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,543	4,468	-1.65%
CYCLOBENZAPR TAB 10MG	4,701	4,406	-6.28%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,281	4,189	-2.15%
MONTELUKAST TAB 10MG	3,910	4,153	6.21%
HYDROCO/APAP TAB 5-500MG	4,698	4,097	-12.79%
Aspirin Chew Tab 81 MG	4,135	4,026	-2.64%
AZITHROMYCIN SUS 200/5ML	5,664	4,000	-29.38%
AZITHROMYCIN TAB 250MG	5,376	3,945	-26.62%
FLUTICASONE SPR 50MCG	4,030	3,943	-2.16%
GABAPENTIN CAP 300MG	3,824	3,834	0.26%
SERTRALINE TAB 100MG	3,807	3,801	-0.16%
METHYLPHENID TAB 36MG ER	4,122	3,703	-10.16%
MONTELUKAST CHW 5MG	3,473	3,700	6.54%
Acetaminophen Tab 500 MG	3,854	3,687	-4.33%
IBUPROFEN TAB 800MG	3,689	3,668	-0.57%
OMEPRAZOLE CAP 20MG	3,724	3,511	-5.72%
TRAZODONE TAB 50MG	3,703	3,456	-6.67%
TRAZODONE TAB 100MG	3,412	3,282	-3.81%
AMOXICILLIN SUS 250/5ML	4,218	3,216	-23.76%

CEPHALEXIN CAP 500MG	3,157	3,201	1.39%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	2,275	2,973	30.68%
METHYLPHENID TAB 54MG ER	3,213	2,907	-9.52%
FOLIC ACID TAB 1MG	3,009	2,899	-3.66%
SMZ/TMP DS TAB 800-160	2,895	2,883	-0.41%
PROVENTIL AER HFA	2,944	2,875	-2.34%
RISPERIDONE TAB 1MG	2,917	2,827	-3.09%
AMOXICILLIN CAP 500MG	3,519	2,813	-20.06%
OXYCOD/APAP TAB 5-325MG	2,708	2,702	-0.22%
POLYETH GLYC POW 3350 NF	2,758	2,666	-3.34%
CITALOPRAM TAB 20MG	2,888	2,662	-7.83%
CLONAZEPAM TAB 1MG	2,590	2,617	1.04%
VYVANSE CAP 30MG	2,906	2,576	-11.36%
SERTRALINE TAB 50MG	2,654	2,562	-3.47%
MONTELUKAST CHW 4MG	2,397	2,548	6.30%
ALPRAZOLAM TAB 1MG	2,725	2,543	-6.68%
RISPERIDONE TAB 0.5MG	2,612	2,543	-2.64%
METFORMIN TAB 500MG	2,545	2,490	-2.16%
OMEPRAZOLE CAP 40MG	2,667	2,478	-7.09%
PREDNISOLONE SOL 15MG/5ML	4,168	2,420	-41.94%
VYVANSE CAP 40MG	2,469	2,394	-3.04%
PREDNISONE TAB 20MG	2,149	2,383	10.89%
ZOLPIDEM TAB 10MG	2,563	2,344	-8.54%
Loratadine Syrup 5 MG/5ML	1,961	2,326	18.61%
ALPRAZOLAM TAB 0.5MG	2,276	2,232	-1.93%
LANTUS INJ 100/ML	2,267	2,199	-3.00%
CLONAZEPAM TAB 0.5MG	2,255	2,159	-4.26%
CEPHALEXIN SUS 250/5ML	2,053	2,134	3.95%
Sennosides Tab 8.6 MG	2,214	2,125	-4.02%
CITALOPRAM TAB 40MG	2,176	2,102	-3.40%
SMZ-TMP SUS 200-40/5	2,143	2,093	-2.33%
NAPROXEN TAB 500MG	2,225	2,072	-6.88%
HYDROCO/APAP TAB 10-325MG	2,165	2,069	-4.43%
HYDROCHLOROT TAB 25MG	2,089	2,058	-1.48%
CEFDINIR SUS 250/5ML	2,650	2,053	-22.53%
LISINOPRIL TAB 10MG	2,071	2,047	-1.16%
TRIAMCINOLON CRE 0.1%	1,638	1,975	20.57%
CYMBALTA CAP 60MG	2,041	1,972	-3.38%

VYVANSE CAP 50MG	2,199	1,962	-10.78%
HYDROCO/APAP TAB 7.5-325	1,851	1,959	5.83%
VENLAFAXINE CAP 150MG ER	2,003	1,935	-3.39%
LORAZEPAM TAB 1MG	1,969	1,925	-2.23%
LISINOPRIL TAB 20MG	1,989	1,889	-5.03%
SIMVASTATIN TAB 20MG	1,969	1,873	-4.88%
MUPIROCIN OIN 2%	1,757	1,856	5.63%
METRONIDAZOL TAB 500MG	1,908	1,822	-4.51%
METFORMIN TAB 1000MG	1,835	1,801	-1.85%
Aspirin Tab Delayed Release 325 MG	1,853	1,787	-3.56%
METHYLPHENID TAB 27MG ER	1,988	1,787	-10.11%
MELOXICAM TAB 15MG	1,793	1,741	-2.90%
FLUCONAZOLE TAB 150MG	1,717	1,690	-1.57%
PRENATAL TAB PLUS	1,888	1,689	-10.54%
SIMVASTATIN TAB 40MG	1,772	1,671	-5.70%
PREDNISONE TAB 10MG	1,578	1,662	5.32%
AZITHROMYCIN SUS 100/5ML	2,134	1,642	-23.06%
AMOX/K CLAV TAB 875MG	1,996	1,630	-18.34%
BUPROPION HCL TAB 300MG XL	1,657	1,629	-1.69%
HYDROXYZ PAM CAP 25MG	1,511	1,624	7.48%
LORAZEPAM TAB 0.5MG	1,625	1,624	-0.06%
Diphenhydramine HCl Cap 25 MG	1,565	1,615	3.19%
FUROSEMIDE TAB 40MG	1,621	1,603	-1.11%
PANTOPRAZOLE TAB 40MG	1,575	1,591	1.02%
AMLODIPINE TAB 10MG	1,641	1,588	-3.23%
QUETIAPINE TAB 100MG	1,612	1,572	-2.48%
VYVANSE CAP 70MG	1,682	1,551	-7.79%
VYVANSE CAP 20MG	1,878	1,550	-17.47%
APAP/CODEINE TAB 300-30MG	1,667	1,547	-7.20%

Appendix L

Meeting Minutes

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes August 1, 2012

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Gregory Barclay, M.D.; Casey Clor, M.D.; Kellen Ludvigson, Pharm.D.; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D.; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:35 a.m. at the Learning Resource Center in West Des Moines. The minutes from the June 6, 2012 meeting were reviewed. Larry Ambroson motioned to accept them, and Dr. Barclay seconded. Annual conflict of interest forms were requested to be given to Pam Smith. The vote was unanimous. Laurie Pestel nominated Dr. Graber to remain Commission Chairperson. Brett Faine seconded this, and all members were in favor. Dr. Graber then nominated Laurie Pestel to remain Vice-Chairperson. Dr. Clor seconded, and there were no objections.

IME Updates

The IME State Plan Amendment for health homes for people with chronic diseases has been approved by CMS. Ten health home entities, with 40 locations in 11 counties, have enrolled so far, almost 500 providers total. Approximately 700 members have enrolled. Another SPA focusing on members with serious mental illness and emotional disturbances is in process, based upon the integrated health home model piloted by Magellan. Managed care facilities are now available in Clinton, Muscatine, and Benton counties, with Linn County coming online September 1, 2012. The ICD-10 team has recently completed a crosswalk of over 59,000 ICD-9 and ICD-10 codes. The Medicaid Integrated Data Administration (MIDAS) project has been launched, and will overhaul the MMIS and POS systems over the next several years. Iowa's readmissions from 2010 were 7.2% overall in 30-day readmissions, compared to the 18 state average of 8.8%. Cost of dispensing surveys have been sent out to providers, and are due back August 13th. DHS hopes to set the new pharmacy dispensing fee in October, to be effective January 1, 2013, contingent upon SPA approval from CMS. Average Actual Acquisition Cost (AAC) surveys will go out to pharmacies in October to set preliminary rates for posting by the end of November or beginning of December. The new AAC will also be implemented on January 1, 2013.

Prevalence Report Summary

Statistics from May and June 2012 were discussed, including: cost per user (\$267.80), number of total prescriptions dispensed (a decrease of 5.8% compared to the previous reporting period), average cost per prescription (\$62.77), and generic utilization (78.1%). The total paid amount decreased by 8.0% from the previous reporting period. There were 152,042 unique users, which is 7.4% less than the total for March and April. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs.

Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of \$3,609.35 pre-rebate (state and federal).

Public Comment

There were no public speakers.

Prior Authorization

Annual Review of PA Criteria: The Commission members would like to discuss the following:

ADD/ADHD – The members want to discuss options for controlling adult prescriptions, perhaps at least on short-acting medications. Claims data, along with other states' criteria for comparison, will be brought to the next meeting.

Pre-filled Insulins – Larry Ambrosio had heard that manufacturers wanted to discontinue the vials, but Susan Parker said DHS has not received notification of that. Vials are still less expensive at this point. The Commission wanted to know what percentage of the population is currently utilizing pre-filled pens.

Chronic Pain Syndromes – The form needs to be restated to include Lyrica's new indication for management of neuropathic pain associated with spinal cord injury. Erin Halverson suggested creating a general neuropathy section.

Synagis – The Commission asked if statistics since the PA criteria change were available. It is too soon for Iowa stats, but other states that switched sooner have not noted large changes in hospitalization or deaths. Pam Smith will compare annual costs before and after the change, and update Dr. Biczak's document.

Smoking Cessation Therapy – There have been members with multiple Chantix trials, using the maximum every year, which may require a limit be put in place. On average, it takes 7 attempts to successfully quit smoking. A question needs to be added to the PA form to address concomitant use of antidepressants and antipsychotics. More information will be brought back to a future meeting.

Xolair – The criteria needs to be more specific, based on the package insert. This will be brought back to the next meeting.

Buprinorphine (Suboxone): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for buprenorphine/naloxone (Suboxone®). Requests for doses above 24mg per day or greater than once daily dosing will not be considered. Initial request will be considered for 3 months at which time a dose reduction must be attempted for doses greater than 8mg per day. Thereafter a dose reduction attempt will be required every 3 months until a maintenance dose of 8mg per day is achieved.

Payment will be considered for patients when the following is met:

- 1. Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND*
- 2. Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an "X" DEA number; AND*
- 3. Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND*
- 4. A projected treatment plan is provided, including:*
 - anticipated induction/stabilization dose,*
 - anticipated maintenance dose,*
 - anticipated taper schedule,*
 - expected frequency of office visits, and*
 - expected frequency of counseling/psychosocial therapy visits.*
- 5. Requests for renewal must include:*
 - An updated treatment plan, including last date of dose taper,*
 - Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request,*
 - Documentation of a current, negative drug screen,*
 - Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.*
- 6. Requests for buprenorphine will only be considered for pregnant patients.*
- 7. Requests for Suboxone® film will only be considered upon a previous trial and therapy failure with Suboxone® sublingual tablets.*

Pam Smith will look at the studies to find data on relapse rates so that allowed treatment duration can be determined at the next meeting. Concomitant use of controlled substances (tramadol, opioids, and hypnotics) will be prohibited, with the exception that benzodiazepines will be allowed 30 days per 12 months.

Vemurafenib (Zelboraf): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Zelboraf™ (vemurafenib). Payment will be considered for patients when the following criteria are met:

- 1. Patient is 18 years of age or older; and*
- 2. Has a diagnosis of unresectable or metastatic melanoma with BRAF^{V600E} mutation as detected by an FDA-approved test; and*
- 3. Prescriber is an oncologist.*

If the criteria for coverage are met, authorizations will be given at three month intervals, and updates on disease progression must be provided with each renewal request. If disease progression is noted, therapy will not be continued.

Dr. Clor motioned to accept the revised criteria, and Larry Ambrosio seconded. The motion passed with no objections. The criteria will be sent to the medical and pharmacy associations for their comment and brought back to the next meeting.

Biologicals for Arthritis: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for biologicals used for arthritis. Patients initiating therapy with a biological agent must 1) be screened for hepatitis B and C (patients with active hepatitis B and C will be excluded); 2) have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; 3) not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and 4) be screened for latent TB infection. Payment will be considered under the following conditions:

A diagnosis of rheumatoid arthritis (RA) (Humira, Enbrel, Actemra, Cimzia, Kineret, Orencia, Remicade, Simponi)

- *A trial and inadequate response to two preferred disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline).*
- *Upon an unsuccessful methotrexate trial in patients with established RA, the combination trial with a second DMARD may be overridden if there is evidence of severe disease documented by radiographic erosions.*

A diagnosis of moderate to severe psoriatic arthritis (Enbrel, Humira, Remicade, Simponi)

- *A trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

A diagnosis of moderate to severe juvenile idiopathic arthritis (Enbrel, Humira, Actemra, Orencia)

- *A trial and inadequate response to intraarticular glucocorticoid injections and the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

Dr. Clor motioned to accept the revised criteria, and Brett Faine seconded. The motion passed with no objections. The criteria will be sent to the medical and pharmacy associations for their comment and brought back to the next meeting.

Public Comment

Christina Soltwedel from Abbott Labs spoke of her concerns about the Biologicals for Arthritis PA form. In response, Pam will contact the specialist who had recommended that radiographic damage be added to the criteria as a measure of severity.

Focus Studies

Aspirin plus Ibuprofen or Naproxen: This was a follow-up discussion, and the Commission had no further comments.

Aspirin plus NSAIDs with GERD/PUD: This was a follow-up discussion, and the Commission had no further comments.

Drospirenone-containing Oral Contraceptives and Risk of Blood Clots: The prescribers of the 45 members identified as having the largest risk will be contacted. There will also be a future DUR Digest article which addresses the risks of all oral contraceptives.

Low Dose Quetiapine: The prescribers of the 109 members identified as having a claim for immediate-release quetiapine at a total daily dose less than or equal to 150mg per day between January and April 2012 will be contacted. Additional data on off-label use of second generation antipsychotics will be brought back to the next meeting.

Miscellaneous

DUR Digest: The Commission members had no further changes or additions to the draft for DUR Digest Volume 25, Number 1. It will be brought back to the next meeting for the second review.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since May.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:41 to adjourn the meeting and move to closed session (motion by Dr.Clor, second by Brett Faine).

The next meeting will be held at 9:30 a.m. on Wednesday, October 3, 2012, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes October 3, 2012

Attendees:

Commission Members

Mark Graber, M.D., FACEP; Gregory Barclay, M.D.; Jason Wilbur, M.D.; Kellen Ludvigson, Pharm.D.; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff

Pam Smith, R.Ph.

Guests

Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D.; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:30 a.m. at the Learning Resource Center in West Des Moines. The minutes from the August 1, 2012 meeting were reviewed. Dr. Jason Wilbur motioned to accept them, and Dr. Gregory Barclay seconded. The vote was unanimous.

IME Updates

The new program for health homes for people with chronic diseases began July 1st. Thirty (30) health home entities, with 40 locations in 11 counties, have enrolled so far, almost 500 providers total. Approximately 1500 members have enrolled. Another SPA focusing on members with serious mental illness and emotional disturbances is in process, based upon the integrated health home model piloted by Magellan, is hoped to be up and running for 2013. Managed care facilities are now available in Clinton, Muscatine, Benton, and Linn counties, with Polk and Blackhawk counties coming online in November. The Medicaid Integrated Data Administration (MIDAS) project has been launched, and will overhaul the MMIS and POS systems over the next several years. DHS is evaluating the cost of dispensing surveys returned by the pharmacies and hopes to set the new pharmacy dispensing fee in October, to be effective January 1, 2013, contingent upon SPA approval from CMS. Multiple informational letters have been sent out, including the latest one sent on September 19th. Average Actual Acquisition Cost (AAC) surveys went out to half of the enrolled pharmacies on October 1st, and the other half will complete theirs in six months. The P&T Committee will have their annual meeting in November, at which time potential PDL changes for 2013 will be discussed. The draft PDL is posted on the website, though some things might change due to AAC information collected. Dr. Clor has resigned from the DUR Commission, leaving an opening for another physician. Pam Smith summarized the "Because Minds Matter" conference that she, Susan Parker, Dr. Kessler, and Dr. Wadle had recently attended. Foster children, specifically their associated trauma, had been a topic of discussion.

Prevalence Report Summary

Statistics from July through August 2012 were discussed, including: cost per user (\$269.47), number of total prescriptions dispensed (an increase of 1.0% compared to the previous reporting period), average cost per prescription (\$62.19), and generic utilization (78.7%). The total paid amount decreased by 2.2% from the previous reporting period. There were 151,920 unique users, which is 0.4% less than the total for May and June. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Singulair, Vyvanse, Advate, Concerta, Adderall XR, methylphenidate hcl er, Focalin XR, Lexapro, and Cymbalta.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$630.74 pre-rebate (state and federal).

Public Comment

Jennifer Stoffel from Johnson & Johnson spoke about PA criteria for Biologics, including Remicade and Symponi.

ProDUR Edit

Topical Pediculicides: The DUR Commission discussed criteria to be used for a ProDUR edit on spinosad (Natroba). The DUR Commission recommends that two applications of the preferred pediculicide (permethrin lotion 1% or pyrethrins-piperonyl butoxide) be tried within 30 days before Natroba would be allowed to pay without prior authorization. An informational letter will be sent to providers, educating them on proper billing and days supply.

Prior Authorization

Buprenorphine (Suboxone): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for buprenorphine/naloxone (Suboxone®). Requests for doses above 24mg per day or greater than once daily dosing will not be considered.

Initial request will be considered for 3 months at which time a dose reduction must be attempted for doses greater than 8mg per day. Thereafter a dose reduction attempt will be required every 3 months until a maintenance dose of 8mg per day is achieved.

Payment will be considered for patients when the following is met:

- 1. Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND*
- 2. Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an "X" DEA number; AND*
- 3. Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND*
- 4. A projected treatment plan is provided, including:*
 - anticipated induction/stabilization dose,*
 - anticipated maintenance dose,*

- *anticipated taper schedule,*
 - *expected frequency of office visits, and*
 - *expected frequency of counseling/psychosocial therapy visits.*
5. *Requests for renewal must include:*
 - *An updated treatment plan, including last date of dose taper,*
 - *Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request,*
 - *Documentation of a current, negative drug screen,*
 - *Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.*
 6. *Requests for buprenorphine will only be considered for pregnant patients.*
 7. *Requests for Suboxone[®] film will only be considered upon a previous trial and therapy failure with Suboxone[®] sublingual tablets.*

The Commission requested that a requirement regarding anticipated discontinuation date/discontinuation discussion be added to the PA form. This medication will be discussed at the annual P&T Meeting in November, as the manufacturer will discontinue the sublingual tablet dosage form within 6 months. Brett Faine motioned to accept the above criteria, and Kellen Ludvigson seconded. There were no objections.

Mifepristone (Korlym): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for mifepristone (Korlym[®]). Payment will be considered for patients when the following is met:

1. *The patient is 18 years of age or older; and*
2. *Has a diagnosis of endogenous Cushing's Syndrome with hyperglycemia secondary to hypercortisolism in patients with Type 2 Diabetes or glucose intolerance; and*
3. *Patient must have failed surgery or is not a candidate for surgery; and*
4. *Female patients of reproductive age must have a negative pregnancy test confirmed within the last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment.*

This medication must be prescribed by an endocrinologist to qualify for prior authorization. Also, a quantity limit of 120 tablets per 30 days will be implemented. Dr. Jason Wilbur motioned to accept the above criteria, and Brett Faine seconded. The motion passed with all in favor.

Vemurafenib (Zelboraf): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Zelboraf[™] (vemurafenib). Payment will be considered for patients when the following criteria are met:

1. *Patient is 18 years of age or older; and*
2. *Has a diagnosis of unresectable or metastatic melanoma with BRAF^{V600E} mutation as detected by an FDA-approved test; and*
3. *Prescriber is an oncologist.*

If the criteria for coverage are met, authorizations will be given at three (3) month intervals. Updates on disease progression must be provided with each renewal request. If disease progression is noted, therapy will not be continued.

The DUR Commission also recommends a quantity limit of 240 tablets per 30 days. As this was the second review of these criteria, no motion was necessary.

Biologicals for Arthritis: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for biologicals used for arthritis. Patients initiating therapy with a biological agent must 1) be screened for hepatitis B and C (patients with active hepatitis B will be excluded); 2) have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; 3) not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and 4) be screened for latent TB infection. Payment will be considered under the following conditions:

A diagnosis of rheumatoid arthritis (RA) (Humira, Enbrel, Actemra, Cimzia, Kineret, Orencia, Remicade, Simponi)

- *A trial and inadequate response to two preferred disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline).*
- *Upon an unsuccessful methotrexate trial in patients with established RA, the combination trial with a second DMARD may be overridden if there is evidence of severe disease documented by radiographic erosions.*

A diagnosis of moderate to severe psoriatic arthritis (Enbrel, Humira, Remicade, Simponi)

- *A trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

A diagnosis of moderate to severe juvenile idiopathic arthritis (Enbrel, Humira, Actemra, Orencia)

- *A trial and inadequate response to intraarticular glucocorticoid injections and the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

Brett Faine motioned to accept the criteria as modified above, and Larry Ambrosion seconded. All members were in favor.

Public Comment

There were no public comments.

Focus Studies

Concurrent Muscle Relaxants: This was a follow-up discussion, and the Commission had no further comments.

Chronic Muscle Relaxant: This was a follow-up discussion, and the Commission had no further comments.

Quetiapine and QT Prolongation: This was a follow-up discussion, and the Commission had no further comments.

Stimulant Utilization in Adults: The PA form will be updated to match the DSM-IV criteria, and require childhood onset with documentation, such as noted dysfunction at school, as well as documented improvement in function at home or work for treatment continuance. Prescribers will be contacted regarding the members identified as taking a stimulant or atomoxetine without an appropriate diagnosis in their medical claims history.

Appropriate Use of Second Generation Antipsychotics: The DUR members wish to contact the prescribers of the 459 members using a SGA without any mental health diagnosis and ask the rationale for its use and if the patients condition has been recently evaluated to support the continued use of this medication for a potential “off-label” use. Prescribers of members taking two or more second generation antipsychotics concurrently over the six month time period will also be contacted. Additionally, this will appear as a DUR Digest article. Dr. Wadle asked about looking at minimum doses prescribed.

Miscellaneous

DUR Digest: The Commission members offered additions to the draft for DUR Digest Volume 25, Number 1. Dr. Clor will be added to the outgoing member section, and a picture of Dr. Ludvigson will appear next to his bio on the final version.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since July.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:18 to adjourn the meeting and move to closed session (motion by Dr. Jason Wilbur, second by Larry Ambrosen).

The next meeting will be held at 9:30 a.m. on Wednesday, December 5, 2012, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes December 5, 2012

Attendees:

Commission Members
Laurie Pestel, Pharm.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D.; and Melissa Biddle, IME.

Welcome & Introductions

Laurie Pestel called the meeting to order at 9:31 a.m. at the Learning Resource Center in West Des Moines. The minutes from the October 3, 2012 meeting were reviewed. Dr. Barclay motioned to accept them (with a spelling correction), and Kellen Ludvigson seconded. The vote was unanimous.

IME Updates

Based on the legislative direction last session, DHS is moving to reimbursement through average actual acquisition cost (AAC). Cost of dispensing surveys were completed by the pharmacies, and the resulting recommended dispensing fee was \$10.02. DHS is currently completing the development of the rates for the brand and generic and OTC drugs, and those should be available by mid-December. These will both be implemented at the same time. A general reimbursement methodology plan has been submitted to CMS, and approval could take up to 90 days, which has delayed the tentative effective date to February 1, 2013. An informational letter with updated information will go out shortly. The Commission was provided copies of Informational Letter 1191, documenting PDL changes that had come about after the November P&T Meeting. Pam Smith explained the new step therapy edit that would go into place for the Antipsychotic medications. Tablet splitting will be required for Abilify.

Prevalence Report Summary

Statistics from September through October 2012 were discussed, including: cost per user (\$240.85), number of total prescriptions dispensed (an increase of 3.4% compared to the previous reporting period), average cost per prescription (\$57.66), and generic utilization (80.1%). The total paid amount decreased by 3.9% from the previous reporting period. There were 163,459 unique users, which is 7.5% more than the total for July and August. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants

came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, methylphenidate hcl er, Vyvanse, Advate, Adderall XR, Singulair, Focalin XR, Lexapro, Cymbalta, and Advair Diskus.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$3,525.15 pre-rebate (state and federal).

Public Comment

Jennifer Stoffel from Johnson & Johnson spoke about Xarelto, and Don Iacobellis from Eli Lilly spoke about Strattera. There was also an email from the Iowa Osteopathic Medical Association, stating that IOMA found the newly proposed PA criteria for buprenorphine and mifepristone to be acceptable.

ProDUR Edit

Refill Tolerance: The current 85% refill tolerance allows an extra 48 days supply of medication per year, when claims are filled on the 26th day. The option of restricting only lock-in members was discussed, but the current POS system cannot be programmed in that manner, purely by drug class. However, this could be discussed again after the new system deploys in July of 2013, along with the possibility of programming a rolling average/accumulator. Larry Ambrosion motioned to increase the refill tolerance to 90% for all categories, and Dr. Barclay seconded. The motion passed unanimously.

Prior Authorization

Omalizumab (Xolair): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Xolair[®]. Payment for Xolair[®] will be authorized when the following criteria are met:

- 1. Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and*
- 2. Patient is 12 years of age or older; and*
- 3. Pretreatment IgE level between 30 IU/mL and 700 IU/mL; and*
- 4. Patient's weight is between 30 kg and 150 kg; and*
- 5. History of positive skin or RAST test to a perennial aeroallergen; and*
- 6. Patient is currently using a high dose inhaled corticosteroid AND long-acting beta-agonist, is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy.*

If the criteria for coverage are met, the initial authorization will be given for 16 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to therapy.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

A question asking if EpiPen is being prescribed concurrently will be added to the PA form, along with a prescriber requirement bullet as recommended. Brett Faine motioned to accept the criteria above, and Larry Ambrosion seconded. The motion was unanimous.

ADHD/ADD/Narcolepsy: The Commission reviewed the prior authorization criteria as follows:

Prior authorization (PA) is required for ADD/ADHD/Narcolepsy agents for patients 21 years of age or older under the following conditions:

- 1. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-IV criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before seven (7) years of age and there must be clear evidence of clinically significant impairment in two or more environments (social, academic, or occupational).*
- 2. Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).*
- 3. Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.*

*Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial of the preferred immediate release and extended release product of the same chemical entity is required.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dr. Barclay motioned to accept the criteria above, and Kellen Ludvigson seconded. The motion was unanimous.

Selected Brand Name Drug: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for selected brand-name drugs, as determined by the Department, for which there is available an "A" rated bioequivalent generic product as determined by the Federal Food and Drug Administration, unless the brand drug has been designated by the Department as preferred (payable) under the Iowa Medicaid Preferred Drug List (PDL).

For prior authorization to be considered, the prescriber must submit a completed Selected Brand Name PA form and Iowa Medicaid MedWatch form with:

1. *Documentation of trials and therapy failures with two different generic manufacturers of the same chemical entity. If an allergy to an inactive component is suspected, the second trial must be with a generic product that does not contain the allergen, if available.*
2. *Documentation of the failure must include the specific adverse reaction as defined by the FDA (See Section B of the MedWatch form). Intolerances, such as nausea or vomiting, to the generic drug will not be considered as a basis for approval.*

Trials may be overridden when evidence is provided that use of the generic product would be medically contraindicated.

The “other” check box will be removed from the PA form. Down the road, trials of multiple generics or another drug in the same category may be additional requirements prior to approval of the brand. Kellen Ludvigson motioned to accept the criteria above, and Brett Faine seconded. The motion was unanimous.

Topical Retinoids for Acne: Due to changes in Preferred Drug List (PDL) status of topical antipsoriatic agents, changes to the language on the Topical Retinoids Prior Authorization (PA) form are necessary, as follows:

Prior authorization is required for all prescription topical retinoid products. Payment for prescription topical retinoid products will be considered under the following conditions:

1. *Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, and*
2. *Previous trials and therapy failures with two preferred topical and/or oral antibiotics for the treatment of mild to moderate acne (non-inflammatory and inflammatory), and drug-induced acne.*
3. *Payment for non-preferred topical retinoid products will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.*
4. *Trials and therapy failure will not be required for those patients presenting with a preponderance of comedonal acne.*
5. *Skin cancer, lamellar ichthyosis, and Darier’s disease diagnoses will receive automatic approval for lifetime use of topical retinoid products.*
6. *Requests for non-preferred combination products may only be considered after documentation of separate trials and therapy failures with the individual ingredients.*
7. *Trials and therapy failure with a preferred topical antipsoriatic agent will not be required for Tazorac for a psoriasis diagnosis.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be.

No motion was necessary, as these were required changes and provided to the Commission for informational purposes only.

Antihistamines: Due to changes in Preferred Drug List (PDL) status of several antihistamines, changes to the language on the Antihistamines Prior Authorization (PA) form are necessary. The nasal antihistamines will be removed from the Antihistamine

PA form and will not be considered as a preferred trial for use of a non-preferred oral antihistamine.

Prior authorization is required for all non-preferred oral antihistamines.

Patients 21 years of age and older must have three unsuccessful trials with oral antihistamines that do not require prior authorization, prior to the approval of a non-preferred oral antihistamine. Two of the trials must be with cetirizine and loratadine.

Patients 20 years of age and younger must have unsuccessful trials with cetirizine and loratadine prior to the approval of a non-preferred oral antihistamine.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

No motion was necessary, as these were required changes and provided to the Commission for informational purposes only.

Buprinorphine (Suboxone): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for buprenorphine/naloxone (Suboxone®). Requests for doses above 24mg per day or greater than once daily dosing will not be considered. Initial request will be considered for 3 months. Requests for maintenance doses above 16mg will not be considered on a long-term basis. Concomitant use with opioids, tramadol, and hypnotics will be prohibited. Benzodiazepines will be allowed up to a cumulative 30 days per 12 month period. Payment will be considered for patients when the following is met:

- 1. Patient has a diagnosis of opioid dependence and is 16 years of age or older; AND*
- 2. Prescriber meets qualification criteria to prescribe buprenorphine/naloxone (Suboxone®) for opioid dependence and has an "X" DEA number; AND*
- 3. Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy; AND*
- 4. A projected treatment plan is provided, including:*
 - anticipated induction/stabilization dose,*
 - anticipated maintenance dose,*
 - expected frequency of office visits, and*
 - expected frequency of counseling/psychosocial therapy visits.*
- 5. Requests for renewal must include:*
 - An updated treatment plan, including consideration of a medical taper to the lowest effective dose based on a self-assessment scale,*
 - Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request,*
 - Documentation of a current, negative drug screen,*
 - Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits.*
- 6. Requests for buprenorphine will only be considered for pregnant patients.*

As this was the second review of these criteria, no motion was necessary.

Mifepristone (Korlym): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for mifepristone (Korlym®). Payment will be considered for patients when the following is met:

- 1. The patient is 18 years of age or older; and*
- 2. Has a diagnosis of endogenous Cushing's Syndrome with hyperglycemia secondary to hypercortisolism in patients with Type 2 Diabetes or glucose intolerance; and*
- 3. Patient must have failed surgery or is not a candidate for surgery; and*
- 4. Prescriber is an endocrinologist.*
- 5. Female patients of reproductive age must have a negative pregnancy test confirmed within the last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment.*

A quantity limit of 120 tablets per 30 days will be applied, when criteria for coverage are met.

As this was the second review of these criteria, no motion was necessary.

Public Comment

There were no public comments.

Focus Studies

Simvastatin Drug-Drug Interactions: This was a follow-up discussion. 142 members changed therapy in response to the 564 surveys that were sent, of which 35% were returned. This study did not result in savings, but rather, increased costs by \$2,172.39 per month, pre-rebate.

Duplicate Anxiolytics and Sedative/Hypnotics: Letters will be sent to the prescribers of the 470 members using duplicate anxiolytics and also to the prescribers of the 62 members using duplicate sedative/hypnotics to ask if one of the medications could be discontinued. The Commission did not want to create ProDUR edits at this time.

Butalbital Utilization: Letters will be sent to prescribers to inquire about the excessive use of butalbital-containing analgesics and ask if the patient can be limited to a maximum of 18 units per month to prevent tolerance, dependence, toxicity, and the development of medication overuse headache.

Miscellaneous

DUR Digest: The Commission members offered additions to the draft for DUR Digest Volume 25, Number 2. There is an open physician position since Dr. Clor left; an internist or family medicine physician would be ideal.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since September.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous voice vote was made at 11:28 a.m. to adjourn the meeting and move to closed session (motion by Brett Faine, second by Kellen Ludgivson).

The next meeting will be held at 9:30 a.m. on Wednesday, February 6, 2013, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes February 6, 2013

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Jason Wilbur, M.D.; Laurie Pestel, Pharm.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D.; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:30 a.m. at the Learning Resource Center in West Des Moines. The minutes from the December 5, 2012 meeting were reviewed. Dr. Wilbur motioned to accept them, and Dr. Barclay seconded. The vote was unanimous.

IME Updates

The DUR Commission's letters of recommendation to DHS will be included in future meeting packets. CMS granted approval to move to reimbursement through average actual acquisition cost (AAC), effective February 1, 2013. The new dispensing fee of \$10.02 was also implemented on this date. Rates for the drugs are posted on what was previously the State MAC website. There are now 20 health home entities, in 54 clinical locations, in 22 counties, with more than 500 providers, enrolled in the health homes for people with chronic diseases program, which began July 1, 2012. More than 2000 members are in health homes so far. This legislative session, a proposed bill would strengthen Iowa Medicaid's program integrity, with provisions designed to eliminate fraud, waste, and abuse in the program. Among other things, the new legislation would improve Medicaid's ability to collect and retain funds due to the state, and regulate the participation of individuals with histories of fraud or abuse. IME successfully applied for a grant to assist in implementing the core adult quality measures and to institute some quality improvement projects to improve Iowa Medicaid's performance on some of them. IME has applied for a CMS innovation model design grant to develop a multi-payer ACO model based on existing private payer and Medicare efforts already forming in the state. The model should also specifically address long term care services, and the model will focus on engaging members in their own health. There are currently two vacancies on the Clinical Advisory Committee; interested parties should contact Dr. Kessler to nominate or inquire about the positions.

Prevalence Report Summary

Statistics from November through December 2012 were discussed, including: cost per user (\$242.64), number of total prescriptions dispensed (a decrease of 0.4% compared to the previous reporting period), average cost per prescription (\$59.15), and generic utilization (81.4%). The total paid amount increased by 2.2% from the previous reporting period. There were 166,070 unique users, which is 1.5% more than the total for September and October. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, methylphenidate hcl er, Vyvanse, Novoseven RT, Synagis, Advate, Adderall XR, Focalin XR, Cymbalta, and Advair Diskus.

Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of \$4,680.80 pre-rebate (state and federal).

Public Comment

Jared Lurk from Novartis spoke about oral MS agents, specifically Gilenya.

Prior Authorization

Sodium Oxybate (Xyrem): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:

- 1. A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
- 2. Patient is enrolled in the Xyrem® Success Program.*
- 3. A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
- 4. Patient has been instructed to not drink alcohol when using Xyrem®.*
- 5. Requests for patients with a prior history of substance abuse, concurrent use a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Larry Ambrosion motioned to accept the criteria above, and Brett Faine seconded. The motion was unanimous. The proposed PA criteria will be sent out for comment and brought to the next meeting for review.

Oral Multiple Sclerosis Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for fingolimod (Gilenya™) or teriflunomide (Aubagio®). Payment will be considered for patients 18 years of age and older under the following conditions:

- 1. A diagnosis of relapsing forms of multiple sclerosis, and*
- 2. A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.*

The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

For patients initiating therapy with fingolimod (Gilenya™), documentation of the following must be provided:

- Patient does not have a recent (within the past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization or Class III/IV heart failure.*
- Patient does not have a history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless the patient has a pacemaker.*
- Patient does not have a baseline QTc interval ≥ 500 ms.*
- Patient is not being treated with Class Ia or Class III anti-arrhythmic drugs.*

For patients initiating therapy with teriflunomide (Aubagio®), documentation of the following must be provided:

- Patient does not have severe hepatic impairment.*
- A negative pregnancy test for females of childbearing age.*
- Use of a reliable form of contraception for females of childbearing age.*
- Patient is not taking leflunomide.*

Larry Ambroson motioned to accept the criteria above, and Dr. Wilbur seconded. The motion was unanimous. The proposed PA criteria will be sent out for comment and brought to the next meeting for review.

Omalizumab (Xolair): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Xolair®. Payment for Xolair® will be authorized when the following criteria are met:

- 1. Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and*
- 2. Patient is 12 years of age or older; and*
- 3. Pretreatment IgE level is between 30 IU/mL and 700 IU/mL; and*
- 4. Patient's weight is between 30 kg and 150 kg; and*
- 5. History of positive skin or RAST test to a perennial aeroallergen; and*
- 6. Prescriber is an allergist, immunologist or pulmonologist; and*

7. *Patient is currently using a high dose inhaled corticosteroid AND long-acting beta-agonist, is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy.*
8. *Patient must have access to an EpiPen to treat allergic reactions that may occur after administration of Xolair[®].*

*If the criteria for coverage are met, the initial authorization will be given for 16 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to Xolair[®] therapy and for patients who do not continue concurrent use with a high dose inhaled corticosteroid **and** long-acting beta-agonist.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

The Commission reviewed comments received from special interest groups. After discussion, the Commission added language to clarify patients will need to continue concurrent use with a high dose inhaled corticosteroid and long-acting beta-agonist for continuation of therapy. Brett Faine motioned to accept the proposed change, and Kellen Ludvigson seconded. The motion was unanimous. Since this was the second review of these criteria, the recommendation will be sent to the Department for consideration.

ADHD/ADD/Narcolepsy: The Commission reviewed the prior authorization criteria as follows:

Prior authorization (PA) is required for ADD/ADHD/Narcolepsy agents for patients 21 years of age or older under the following conditions:

1. *Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-IV criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more environments (social, academic, or occupational).*
2. *Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).*
3. *Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.*

*Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial of the preferred immediate release and extended release product of the same chemical entity is required.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

After reviewing comments received from the special interest groups, Dr. Wadle recommended the age when symptoms must be present be changed from seven years old to twelve years old to reflect the updated DSM-V criteria. Dr. Barclay motioned to accept the proposed change to the criteria, and Larry Ambrosion seconded. The motion was unanimous. Since this was the second review of these criteria, the recommendation will be sent to the Department for consideration.

Selected Brand Name Drug: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for selected brand-name drugs, as determined by the Department, for which there is available an “A” rated bioequivalent generic product as determined by the Federal Food and Drug Administration, unless the brand drug has been designated by the Department as preferred (payable) under the Iowa Medicaid Preferred Drug List (PDL).

For prior authorization to be considered, the prescriber must submit a completed Selected Brand Name PA form and Iowa Medicaid MedWatch form with:

- 1. Documentation of trials and therapy failures with two different generic manufacturers of the same chemical entity. If an allergy to an inactive component is suspected, the second trial must be with a generic product that does not contain the allergen, if available.*
- 2. Documentation of the failure must include the specific adverse reaction as defined by the FDA (See Section B of the MedWatch form). Intolerances, such as nausea or vomiting, to the generic drug will not be considered as a basis for approval.*

Trials may be overridden when evidence is provided that use of the generic product would be medically contraindicated.

The “other” check box will be removed from Section B of the Medwatch portion of the PA form. No comments were received regarding the proposed changes to Section B of the Medwatch portion of the PA form. Since this was the second review of these criteria, the recommendation will be sent to the Department for consideration.

Public Comment

There were no public comments.

Focus Studies

Citalopram and Abnormal Heart Rhythm: This was a follow-up discussion. Two-hundred twenty (220) members changed therapy, for a cost savings of \$7,279.90 (state and federal, pre-rebate) as a result of the 1,895 surveys sent out to prescribers and pharmacies. Seven-hundred fifty-one (751) (39.63%) of those surveys were returned.

Pseudoephedrine: This was a follow-up discussion. All 5 members identified as receiving large quantities of pseudoephedrine monthly for 10 to 11 consecutive months changed therapy after surveys were sent to their prescribers and pharmacies. Six (6) of

the 10 surveys sent were returned. The resulting annualized cost savings totaled \$1,073.04 (state and federal, pre-rebate).

Duplicate Antipsychotics in Children: This was a follow-up discussion. Eleven (11) of the 142 members identified as using multiple antipsychotics for 45 days or more concurrently changed therapy, for an annualized cost savings of \$255,480.32 (state and federal, pre-rebate), as a result of the 340 surveys sent out to prescribers and pharmacies. One-hundred forty (140) (39.63%) of those surveys were returned. Dr. Wadle asked if the medication cost is included in the PMIC per diem. Susan Parker will look into it.

Duplicate Antidepressants: The numbers will be rerun removing trazodone and looking for duplicate SNRIs and be brought back to the next DUR meeting. Letters will be sent to the prescribers of the members taking two or more antidepressants in the same drug class (SSRIs and TCAs). This will also appear as a DUR Digest article. Kellen Ludvigson noted that there were more prescribers than patients and wondered how many prescribers were unaware of the duplication. Additionally, numbers will be run again in four months. A future focus study may be done for members taking SSRI and SNRI medications in combination. No ProDUR edit will be implemented at this time.

Benzodiazepines with a Diagnosis of Sleep Apnea: This will appear as a DUR Digest article. Also, Pam Smith will see if it's possible to see if members had a CPAP in their claim histories, and if those machines were prescribed after the benzodiazepines were prescribed. She will also look for diagnosis codes for morbid obesity, depression, anxiety, and panic in those claim histories. It was noted that there was a likely an overlap between the members in this study and those in the one above for duplicate antidepressants.

Miscellaneous

DUR Digest: The Commission reviewed the draft for DUR Digest Volume 25, Number 2. There is an open physician position since Dr. Clor left; an internist or family medicine physician would be ideal. Since this was the second review and no changes or corrections were recommended, it will be posted to the DUR website.

SMAC Updates: These will no longer be applicable with the AAC pricing methodology.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 10:57a.m. to adjourn the meeting and move to closed session (motion by Dr. Wilbur, second by Brett Faine).

The next meeting will be held at 9:30 a.m. on Wednesday, April 3, 2013, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes April 3, 2013

Attendees:

Commission Members
Laurie Pestel, Pharm.D.; Jason Wilbur, M.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D.; and Melissa Biddle, IME.

Welcome & Introductions

Laurie Pestel called the meeting to order at 9:33 a.m. at the Learning Resource Center in West Des Moines. The minutes from the February 6, 2013 meeting were reviewed. Kellen Ludvigson motioned to accept them, and Dr. Wilbur seconded. The vote was unanimous.

IME Updates

There are now 23 health home entities, with more than 560 providers, enrolled in the health homes for people with chronic diseases program, which began July 1, 2012. Almost 3,000 members are in health homes so far. The IME has recently submitted a State Plan Amendment in coordination with Magellan for the next phase of the health home project, health homes for people with serious and persistent mental illness and serious emotional disturbances. The tentative start date for this project is July 1, 2013. The legislature has passed a bill to strengthen Iowa Medicaid's program integrity, with provisions designed to eliminate fraud, waste, and abuse in the program; the Governor's signature is pending. Among other things, the new legislation would improve Medicaid's ability to collect and retain funds due to the state, and regulate the participation of individuals with histories of fraud or abuse. The IME successfully applied for a grant to assist in implementing the core adult quality measures and to institute some quality improvement projects to improve Iowa Medicaid's performance on some of them, and is in the early stages of getting the project mobilized. IME has applied for a CMS innovation model design grant to develop a multi-payer ACO model based on existing private payer and Medicare efforts already forming in the state. The model should also specifically address long term care services, and will focus on engaging members in their own health. The grant is a six month design project, after which the State will submit to CMS a state model innovation plan and a model testing proposal.

Prevalence Report Summary

Statistics from January through February 2013 were discussed, including: cost per user (\$237.83), number of total prescriptions dispensed (a decrease of 2.9% compared to the previous reporting period), average cost per prescription (\$58.00), and generic utilization (83.9%). The total paid amount decreased by 4.8% from the previous reporting period. There were 161,645 unique users, which is 2.8% less than the total for November and December. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Beta-Lactams/Clavulanate Combinations came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: *Abilify*, *Vyvanse*, methylphenidate hcl er, *Synagis*, *Focalin XR*, *Adderall XR*, *Advate*, *Cymbalta*, *Tamiflu*, and *Advair Diskus*.

Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of \$837.52 pre-rebate (state and federal).

Public Comment

Nancy Bell from Pfizer spoke about Janus Kinase Inhibitors. Ruchir Parikh from Boehringer-Ingelheim spoke about *Pradaxa*. Kelly Quigley from Merck spoke about *Zetia* and *Vytorin*. Chris Draheim from Genzyme spoke about *Abagio*.

P&T Referral of Zetia/Vytorin

At the March 14th P&T Committee Meeting, *Zetia* and *Vytorin* underwent an evidence review to discuss whether they should be changed to non-preferred for lack of clinical outcomes. Per the prescribing information of both products, limitations of use include that the effect on CV morbidity and mortality have not been established (or with *Vytorin*, over and above that demonstrated with simvastatin monotherapy). After reviewing the prepared analysis, the P&T Committee agreed with the recommendation that these medications be referred to the DUR Commission for review and creation of prior authorization criteria. Dr. Barkin suggested that multiple trials on statins with survival advantages should be required prior to approval of *Vytorin* or *Zetia*. However, the DUR Commission did not feel prior authorization criteria were necessary at this time due to the limited number of claims, though the numbers will be run and brought to the June meeting for further consideration. This could possibly be a future focus study topic.

Prior Authorization

Repository Corticotropin Injection (H.P. Acthar Gel): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for repository corticotropin injection. Payment will be considered under the following conditions:

- 1. Patient is under two years of age and*

2. *Patient has a diagnosis of infantile spasms.*

Treatment of compendia indicated steroid-response conditions will only be considered upon documented contraindications or intolerance to corticosteroids not expected to occur with the use of repository corticotropin injection. Requests will be considered for up to 30 days for all indications, when criteria for coverage are met.

Larry Ambrosion motioned to accept the criteria as amended, and Brett Faine seconded. The motion passed with all in favor.

Janus Kinase (JAK) Inhibitors: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Janus kinase (JAK) inhibitors. Payment will be considered when the following conditions are met:

1. *The patient is 18 years of age or older; and*
2. *Has a diagnosis of moderate to severe rheumatoid arthritis; and*
3. *Has a documented trial and inadequate response to two preferred oral disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline) ; and*
4. *Has a documented trial and inadequate response to preferred biological DMARD; and*
5. *The patient is not using or planning to use tofacitinib in combination with biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and*
6. *Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and*
7. *Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to manufacturer labeling; and*
8. *Patient does not have a history of malignancy (other than a successfully treated non-melanoma skin cancer); and*
9. *Patient is not at an increased risk of gastrointestinal perforation.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dr. Wilbur motioned to accept the criteria as amended, and Larry Ambrosion seconded. The motion passed with all in favor.

Dabigatran (Pradaxa): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for dabigatran (Pradaxa®). Payment will be considered for patients under the following conditions:

1. *Patient has a diagnosis of non-valvular atrial fibrillation; and*
2. *Documentation of a previous trial and therapy failure with warfarin; and*
3. *Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 2 ; and*
4. *Patient does not have a mechanical prosthetic heart valve; and*

5. *Patient does not have active pathological bleeding; and*
6. *Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Additionally, a quantity limit of 60 capsules per 30 days for both strengths will be put in place, and the CHADS₂ scoring table will be added to the PA form. Brett Faine motioned to accept the criteria, and Kellen Ludvigson seconded. The motion passed with all in favor.

Sodium Oxybate (Xyrem): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:

1. *A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
2. *Patient is enrolled in the Xyrem® Success Program.*
3. *A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
4. *Patient has been instructed to not drink alcohol when using Xyrem®.*
5. *Requests for patients with a prior history of substance abuse, concurrent use a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

As this was the second review of these criteria, no motion was necessary.

Oral Multiple Sclerosis Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for fingolimod (Gilenya™) or teriflunomide (Aubagio®). Payment will be considered for patients 18 years of age and older under the following conditions:

1. *A diagnosis of relapsing forms of multiple sclerosis, and*
2. *A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.*

The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

For patients initiating therapy with fingolimod (Gilenya™), documentation of the following must be provided:

- *Patient does not have a recent (within the past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization or Class III/IV heart failure.*
- *Patient does not have a history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless the patient has a pacemaker.*
- *Patient does not have a baseline QTc interval \geq 500 ms.*
- *Patient is not being treated with Class Ia or Class III anti-arrhythmic drugs.*

For patients initiating therapy with teriflunomide (Aubagio[®]), documentation of the following must be provided:

- *Patient does not have severe hepatic impairment.*
- *A negative pregnancy test for females of childbearing age.*
- *Use of a reliable form of contraception for females of childbearing age.*
- *Patient is not taking leflunomide.*

As this was the second review of these criteria, no motion was necessary.

Public Comment

There were no public comments.

Focus Studies

Guanfacine plus Clonidine: This was a follow-up discussion. One-hundred sixty-two (162) of the 299 members identified changed therapy, for an annualized cost savings of \$6,490.60 (state and federal, pre-rebate) as a result of the 689 surveys sent out to prescribers and pharmacies. Three-hundred sixteen (316) (45.86%) of those surveys were returned.

Duplicate Antidepressants: Letters will be sent to the prescribers of patients taking an antidepressant in the same drug class to inquire about the duplicate therapy and ask if one of the antidepressants could be discontinued. Letters will also be sent to the prescribers of the two patients combining an MAOI with an SSRI or TCA to inform the provider of the contraindication. Additionally, letters will be sent to the prescribers of the patients combining three or more antidepressants to ask if one or more of the medications could be discontinued.

Topical Testosterone without an Indicated Diagnosis: Clinical prior authorization criteria will be developed for topical testosterone products. Potential criteria, to be brought to the June DUR meeting, includes:

- *Patient is male*
- *Diagnosis of hypogonadism*
- *Serum testosterone level (two morning pre-treatment levels)*
- *Symptoms and signs of hypogonadism; more than one symptom? Combination of specific and non-specific symptoms and signs? (Iowa Medicaid does not authorize payment of medications for sexual dysfunction or infertility)*

- *Exclude members from treatment with any contraindication to topical testosterone treatment*
- *Initial authorization for 3 to 6 months. Upon renewal require*
 - *Follow-up testosterone level*
 - *Assessment of how patient's specific symptoms have responded to therapy*
 - *Assessment of adverse effects to topical testosterone therapy*
 - *Assessment of adherence to therapy*

Zolpidem Dose: Numbers will be rerun to use March data, as the Commission felt that many prescribers may have already changed to the new lower recommended dose. Letters will then be sent to the prescribers of the female patients taking more than 5mg of immediate release zolpidem or more than 6.25mg of zolpidem ER at bedtime to inform them of the lower FDA recommended dose and ask if the dose can be decreased.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 25, Number 3. There is an open physician position since Dr. Clor left; an internist or family medicine physician would be ideal.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:41 to adjourn the meeting and move to closed session (motion by Kellen Ludvigson).

The next meeting will be held at 9:30 a.m. on Wednesday, June 5, 2013, at the Iowa State Capitol, Room 116, in Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes June 5, 2013

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Jason Wilbur, M.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Pam Smith, R.Ph.

Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:36 a.m. at the Iowa State Capitol, Room 116, in Des Moines. The minutes from the April 3, 2013 meeting were reviewed. Dr. Wilbur motioned to accept them, and Brett Faine seconded. The vote was unanimous.

IME Updates

There are now 24 health home entities, with more than 530 providers, enrolled in the health homes for people with chronic diseases program, which began July 1, 2012. Just over 3,000 members are in health homes so far. The IME has recently submitted a State Plan Amendment in coordination with Magellan for the next phase of the health home project, health homes for people with serious and persistent mental illness and serious emotional disturbances. The tentative start date for this project is July 1, 2013; it will begin initially in 5 counties and be phased out state-wide over the next 12 to 18 months. The IME successfully applied for a grant to assist in implementing the core adult quality measures, and is working on two quality improvement projects associated with that, the first targeting a reduction in admissions for short-term complications of diabetes, and the second aiming to improve birth outcomes through decreases in tobacco use in pregnant mothers. IME has applied for a CMS innovation model design grant to develop a multi-payer ACO model based on existing private payer and Medicare efforts already forming in the state. There are currently five major work groups focusing on tasks associated with this model. As has already been reported in the newspapers, the Iowa Legislature passed the Iowa Health and Wellness Plan. The legislature also passed the appropriations bill, which resulted in a 1% increase in reimbursement for several provider types, along with an increase to the dispensing fee from \$10.02 to \$10.12 effective July 1, 2013. This requires a State Plan Amendment for CMS approval. Additionally, the bill requires the cost of dispensing survey to be done every two years, beginning with state fiscal year 2014-2015, but the exact date is still to be determined. IME is in the middle of determining the semi-annual rebase for the Actual Acquisition Costs of brand and generic drugs, which is based on invoices

obtained from pharmacies in April, and hopes to implement the rate changes within the next week or two. These will be posted to the website, and also sent to the listserv, and hopefully included in an informational letter as well. Dr. Brian Couse from Red Oak will be filling the open physician position on the DUR Commission, effective July 1, 2013.

Prevalence Report Summary

Statistics from March through April 2013 were discussed, including: cost per user (\$243.41), number of total prescriptions dispensed (a decrease of 2.2% compared to the previous reporting period), average cost per prescription (\$57.10), and generic utilization (84.2%). The total paid amount decreased by 4.2% from the previous reporting period. There were 152,103 unique users, which is 5.9% less than the total for January and February. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Vyvanse, methylphenidate hcl er, Focalin XR, Synagis, Adderall XR, Cymbalta, Advate, Advair Diskus, and Strattera.

Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of \$1612.60 pre-rebate (state and federal).

Public Comment

Nancy Bell from Pfizer spoke about Janus Kinase Inhibitors. Rachel Anhorn from Boehringer-Ingelheim spoke about *Pradaxa*. Jerry Clewell from Abbvie spoke about *Humira*.

Prior Authorization

Oral Constipation Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for oral constipation agents. Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older; and*
2. *Patient must have documentation of adequate trials and therapy failures with three (3) different laxatives from each of the following:*
 - a. *Saline laxative (milk of magnesia); and*
 - b. *Osmotic laxative (polyethylene glycol or lactulose); and*
 - c. *Stimulant laxative (senna); and*
3. *Patient does not have a known or suspected mechanical gastrointestinal obstruction; and*
4. *Patient has one of the following diagnoses:*
 - a. *A diagnosis of **chronic idiopathic constipation** (Amitiza or Linzess)*

- i. Patient has less than 3 spontaneous bowel movements (SBMs) per week; and
- ii. Patient has two or more of the following symptoms within the last 3 months:
 - 1. Straining during at least 25% of the bowel movements;
 - 2. Lumpy or hard stools for at least 25% of bowel movements; and/or
 - 3. Sensation of incomplete evacuation for at least 25% of bowel movements; and
- iii. Documentation the patient is not currently taking constipation-causing therapies
- b. A diagnosis of **irritable bowel syndrome with constipation** (Amitiza or Linzess)
 - i. Patient is female (Amitiza only); and
 - ii. Patient has abdominal pain or discomfort at least 3 days per month in last 3 months associated with two (2) or more of the following:
 - 1. Improvement with defecation;
 - 2. Onset associated with a change in stool frequency; and/or
 - 3. Onset associated with a change in stool form
- c. A diagnosis of **opioid-induced constipation** with chronic, non-cancer pain (Amitiza)
 - i. Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and
 - ii. Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:
 - 1. Hard to very hard stool consistency;
 - 2. Moderate to very severe straining; and/or
 - 3. Having a sensation of incomplete evacuation

If the criteria for coverage are met, initial authorization will be given for 12 weeks to assess the response to treatment. Requests for continuation of therapy may be provided if prescriber documents adequate response to treatment.

Kellen Ludvigson motioned to accept the above criteria, and Dr. Wilbur seconded. The decision was unanimous.

Long-Acting Narcotics: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all non-preferred long-acting narcotics. Payment will be considered under the following conditions:

- 1. There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as extended-release morphine sulfate, Opana ER and methadone) at therapeutic doses, and
- 2. A trial and therapy failure with fentanyl patch at a maximum tolerated dose, and
- 3. A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization, and

4. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/> prior to requesting prior authorization.
5. Requests for long-acting narcotics will only be considered for FDA approved dosing.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Brett Faine motioned to accept the above criteria, and Larry Ambrosion seconded. The decision was unanimous.

Oral Multiple Sclerosis Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for fingolimod (Gilenya™) or teriflunomide (Aubagio®). Payment will be considered for patients 18 years of age and older under the following conditions:

1. A diagnosis of relapsing forms of multiple sclerosis, and
2. A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.

The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

For patients initiating therapy with fingolimod (Gilenya™), documentation of the following must be provided:

- Patient does not have a recent (within the past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization or Class III/IV heart failure.
- Patient does not have a history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless the patient has a pacemaker.
- Patient does not have a baseline QTc interval ≥ 500 ms.
- Patient is not being treated with Class Ia or Class III anti-arrhythmic drugs.

For patients initiating therapy with teriflunomide (Aubagio®), documentation of the following must be provided:

- Patient does not have severe hepatic impairment.
- A negative pregnancy test for females of childbearing age.
- Use of a reliable form of contraception for females of childbearing age.
- Patient is not taking leflunomide.

For patients initiating therapy with dimethyl fumarate (Tecfidera™), documentation of the following must be provided:

- Patient does not have a low lymphocyte count as documented by a recent (within 6 months) CBC prior to initiating therapy.
- Upon renewal, documentation of an updated CBC.

Larry Ambrosion motioned to accept the above criteria, and Dr. Wilbur seconded. The decision was unanimous.

Thrombopoietin Receptor Agonists: The Commission reviewed the prior authorization criteria as follows:

Payment for a preferred thrombopoietin receptor agonist will only be considered for cases in which there is a diagnosis of chronic immune thrombocytopenic purpura (ITP) including documentation of an insufficient response to a corticosteroid, an immunoglobulin, or the patient has undergone a splenectomy.

Payment for eltrombopag (Promacta) for the treatment of chronic hepatitis C-associated thrombocytopenia will only be considered to allow for initiation and/or maintenance of interferon-based therapy with ribavirin when the patient has a baseline platelet count less than $75 \times 10^9/L$. Requests will not be considered under the following conditions:

- 1. Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C genotype 1 infection in addition to interferon-based therapy with ribavirin.*
- 2. Patients with decompensated liver disease with a Child-Pugh score > 6 (Class B & C).*
- 3. Patients with a history of ascities.*
- 4. Patients with hepatic encephalopathy.*

Payment for a non-preferred thrombopoietin receptor agonist will be considered following documentation of a recent trial and therapy failure with a preferred thrombopoietin receptor agonist unless such a trial would be medically contraindicated.

Dr. Graber suggested contacting a hepatologist for input. However, the Commission decided to accept the criteria as written. Dr. Wilbur motioned to accept the criteria, and Kellen Ludvigson seconded. The decision was unanimous.

Topical Testosterone: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for topical testosterone products. Payment for non-preferred topical testosterone products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred agents. Payment will be considered under the following conditions:

- 1. Patient is male and 18 years of age or older; and*
- 2. Patient has a diagnosis of hypogonadism; and*
- 3. Patient has two (2) morning pre-treatment testosterone levels below the lower limit of the normal testosterone reference range of the individual laboratory used (Please attach lab results); and*
- 4. Patient has at least one of the signs and symptoms specific to androgen deficiency*
 - a. Incomplete or delayed sexual development*
 - b. Breast discomfort, gynecomastia*
 - c. Loss of body hair, reduction in shaving frequency*
 - d. Very small (<5mL) or shrinking testes*
 - e. Hot flushes, sweats*
 - f. Height loss, low trauma fracture, low bone mineral density; and*

5. *Patient does not have:*
- a. *Breast or prostate cancer*
 - b. *Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL*
 - c. *Hematocrit > 50%*
 - d. *Untreated severe obstructive sleep apnea*
 - e. *Severe lower urinary tract symptoms*
 - f. *Uncontrolled or poorly controlled heart failure*

If criteria for coverage are met, initial authorization will be given for 3 months. Requests for continuation of therapy will require the following:

1. *An updated testosterone level (Please attach lab result); and*
2. *Documentation of how the patient's specific symptoms have responded to therapy; and*
3. *Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

A note will be added to the PA form stating that Iowa Medicaid does not cover sexual dysfunction or low sperm count diagnoses. Brett Faine motioned to accept the criteria as amended, and Dr. Wilbur seconded. The decision was unanimous.

Repository Corticotropin Injection (H.P. Acthar Gel): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for repository corticotropin injection. Payment will be considered under the following conditions:

1. *Patient is under two years of age and*
2. *Patient has a diagnosis of infantile spasms.*

Treatment of compendia indicated steroid-response conditions will only be considered upon documented contraindications or intolerance to corticosteroids not expected to occur with the use of repository corticotropin injection.

If criteria for coverage are met, authorization will be provided for up to 30 days of treatment for all indications.

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Janus Kinase (JAK) Inhibitors: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Janus kinase (JAK) inhibitors. Payment will be considered when the following conditions are met:

1. *The patient is 18 years of age or older; and*
2. *Has a diagnosis of moderate to severe rheumatoid arthritis; and*

3. *Has a documented trial and inadequate response to two preferred oral disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline) ; and*
 4. *Has a documented trial and inadequate response to preferred biological DMARD; and*
 5. *The patient is not using or planning to use tofacitinib in combination with biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and*
 6. *Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and*
 7. *Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to manufacturer labeling; and*
 8. *Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and*
 9. *Patient is not at an increased risk of gastrointestinal perforation.*
- The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Dabigatran (Pradaxa): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for dabigatran (Pradaxa[®]). Payment will be considered for patients under the following conditions:

1. *Patient has a diagnosis of non-valvular atrial fibrillation; and*
2. *Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
3. *Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1 ; and*
4. *Patient does not have a mechanical prosthetic heart valve; and*
5. *Patient does not have active pathological bleeding; and*
6. *Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The DUR Commission also recommends a quantity limit of 60 capsules per 30 days and to include the CHADS₂ scoring table on the PA form. Brett Faine motioned to accept the criteria as amended, and Dr. Wilbur seconded. The motion passed with all in favor. The recommendation will be sent to the Department for consideration.

Public Comment

Dr. Robert Calder from Merck spoke about Zetia.

Focus Studies

Low Dose Quetiapine: This was a follow-up discussion. Twenty-two (22) of the 52 members identified changed therapy, for an annualized cost savings of \$70,142.34 (state and federal, pre-rebate) as a result of the 125 surveys sent out to prescribers and pharmacies. Fifty-six (56) or 44.8% of those surveys were returned.

Ezetimibe Utilization: The Commission would like to develop prior authorization criteria. Existing users will be grandfathered, but new starts will require a statin trial. Pam Smith will bring a draft of the suggested prior authorization criteria to the August meeting.

Emergency Contraception (Levonorgestrel) Utilization: Letters will be sent to the prescribers of the members with 2 or more fills of an emergency contraceptive, except for those that started an oral contraceptive after use of the emergency contraceptive.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 25, Number 3 a second time. No corrections were suggested. The DUR Digest will be posted to the iadur.org website.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:17 a.m. to adjourn the meeting and move to closed session (motion by Kellen Ludvigson, second by Larry Ambrosion). A roll call vote was conducted.

The next meeting will be held at 9:30 a.m. on Wednesday, August 7, 2013, at the Iowa State Capitol, Room 116, in Des Moines.

Appendix M

Mental Health Work Group

Mental Health Advisory Group

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG), formerly known as the Mental Health Work Group, was established in State FYE 2008. It is currently comprised of two members of the Drug Utilization Review Commission (psychiatrist and pharmacist), several pediatric and adolescent psychiatrists, an adult psychiatrist, a psychiatric pharmacist, a pediatrician and a psychiatrist from Magellan Health Services.

The Mental Health Advisory Group is a separate entity from the Iowa Medicaid Drug Utilization Review (DUR) Commission. All recommendations from the MHAG must be approved by the DUR Commission before they can be implemented.

The original goal of the MHWG was to address issues that developed specific to the pediatric and adolescent psychiatrists within the State of Iowa when mental health drug consolidation edits were implemented in October, 2007. Since then, the DUR Commission has made the decision to refer other mental health issues that impact the entire mental health population of Iowa Medicaid, regardless of the members' age.

The MHAG met once in State FYE 2013. The minutes from the October 2012 meeting have been included.

Iowa Medicaid DUR Mental Health Advisory Group

Meeting Minutes October 19, 2012

Attendees:

Commission Members

Terry Augspurger, M.D.; Charles Wadle, D.O.; Gregory Barclay, M.D.; and Kellen Ludvigson, Pharm.D.

Staff

Pam Smith, R.Ph.

Guests

Laureen Biczak, D.O., IME; Gregory Barkin, M.D., IME; Susan Parker, Pharm.D., DHS; Erin Halverson, R.Ph., IME, and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:09 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the February 17, 2012 meeting were approved following Dr. Augspurger's reference correction and wording revision for a quote he had provided. (Motion by Dr. Wadle, second by Dr. Augspurger, unanimous approval by voice vote.)

Review of ProDUR Edit Recommendations by the DUR Commission

The DUR Commission made the following ProDUR edit recommendations at their April 2012 meeting: 1) age edit on risperidone for members less than five (5) years of age, 2) age edit on all other antipsychotics for members less than six (6) years of age, 3) duplicate therapy edit on all antipsychotics for members 0 through 17 years of age, and 4) quantity limit on the following antipsychotics per 30 days:

Drug Name	Quantity Limit
Risperidone 1mg	60
Risperidone 2mg	60
Zyprexa 15mg	30
Zyprexa 20mg	30
Latuda 40mg	30
Latuda 80mg	60

Dr. Augspurger noted that several medications were FDA approved for ages younger than 6 years of age. These claims will still deny for the new ProDUR edits, and require a prior authorization.

P&T Committee Documents

Overview of Antipsychotics on the Preferred Drug List: A PowerPoint on the use of atypical antipsychotics in mental health, which had been provided to the P&T Committee at their September meeting as a preview for the upcoming November

meeting discussion, was discussed.

Draft PDL for the November 8, 2012 P&T Meeting: Dr. Barkin provided a preview of upcoming PDL changes to the second generation antipsychotics. Nearly all classic second generation antipsychotics are now generically available, making a generic first step a cost effective solution for the category. Preferred brands will be those agreeing to this generic step, and also offering substantial supplemental offers. Latuda and Saphris are being offered as preferred largely because of their more neutral metabolic and weight gain profiles. Fanapt will also be preferred. Abilify will be changing to non-preferred, but existing users will be grandfathered. However, strengths of Abilify that could be split could potentially be made preferred, following the generic first step. Abilify pill splitting has been a controversial issue, but it would make the drug more cost effective and actually create more open access than if the medication was made non-preferred with no pill splitting requirement. In trying to determine if asking patients to pill split would negatively impact compliance or adherence, GHS used the two validated techniques, medication possession ratio and gap refill time, comparing baseline stats to post-splitting, and found absolutely no change in compliance for two different time periods. Meanwhile the net cost offset is about 20% depending on the various strengths. Any rational reason, including excessive weight gain, non-response, or intolerance will qualify as failure on the generic. Dr. Augspurger commented that he felt this scenario was workable, especially since several new generic atypicals were available, giving providers a lot more choice. At the two institutions where he works, they have to pay medication costs out of pocket, and he fights the high cost of Abilify all the time. He said that it's just incredible how expensive it is, and anything that can be done to help get away from that is ok with him. Dr. Barkin agreed that his patients who paid out of pocket were happy to pill split Abilify to cut costs.

Appropriate Use of Second Generation Antipsychotics

The focus study that had been presented to the DUR Commission at their October meeting was reviewed. The DUR Commission had decided to contact the prescribers of the patients using second generation antipsychotics without a mental health diagnosis in their claims history, and also to contact the prescribers of the members taking two or more medications concurrently. The new age edit could affect off-label use for the younger members. Dr. Barclay added that the DUR Commission estimated that many of the claims had come from primary doctors and the mental health diagnosis had simply not been entered, so it may not have been off-label use in those cases. Edits based on FDA approved diagnoses are not currently being considered, but may be an option in the future. Responses from the focus study letters will be evaluated and brought back to the various Committees.

The meeting adjourned at 8:47 a.m. by unanimous consensus. The next meeting will be May 17, 2013 at the Iowa Medicaid Enterprise in Des Moines, IA, with another one tentatively scheduled for October 18, 2013.

Appendix N

Recommendations to the P&T

P & T Recommendations SFYE 2013

The DUR Commission makes recommendations to the Iowa Medicaid Pharmaceutical & Therapeutics (P&T) Committee regarding the status of a medication on the Preferred Drug List (PDL) as issues arise. During the time period for this report there were no recommendations made to the P&T Committee.